

Name
in
Full

Josiah Avery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Upper Fairmount	Town	County	MARYLAND		
Date of death	1909	Month Nov	Day 2 nd	Years 86	Months 7	Days 15
Sex	Male	Color or Race	white	Birth-place	Long Island	
Occupation	Farmer & Financier			Where Residing if not at place of death	Josephine Avery	
Married, Single or Widowed	Married	Name of Wife or Husband	Josephine Avery			
Father's Name	Dont know			Father's Birthplace	Dont know	
Mother's Maiden Name	Dont know			Mother's Birthplace	Dont know	
Name of person giving information	Herschell Ford			How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

Senile Debility

154

How long

Several Years

Immediate

Senile Debility

How long

Several Years

Are the name, age, sex, color, date
and place correctly given above?

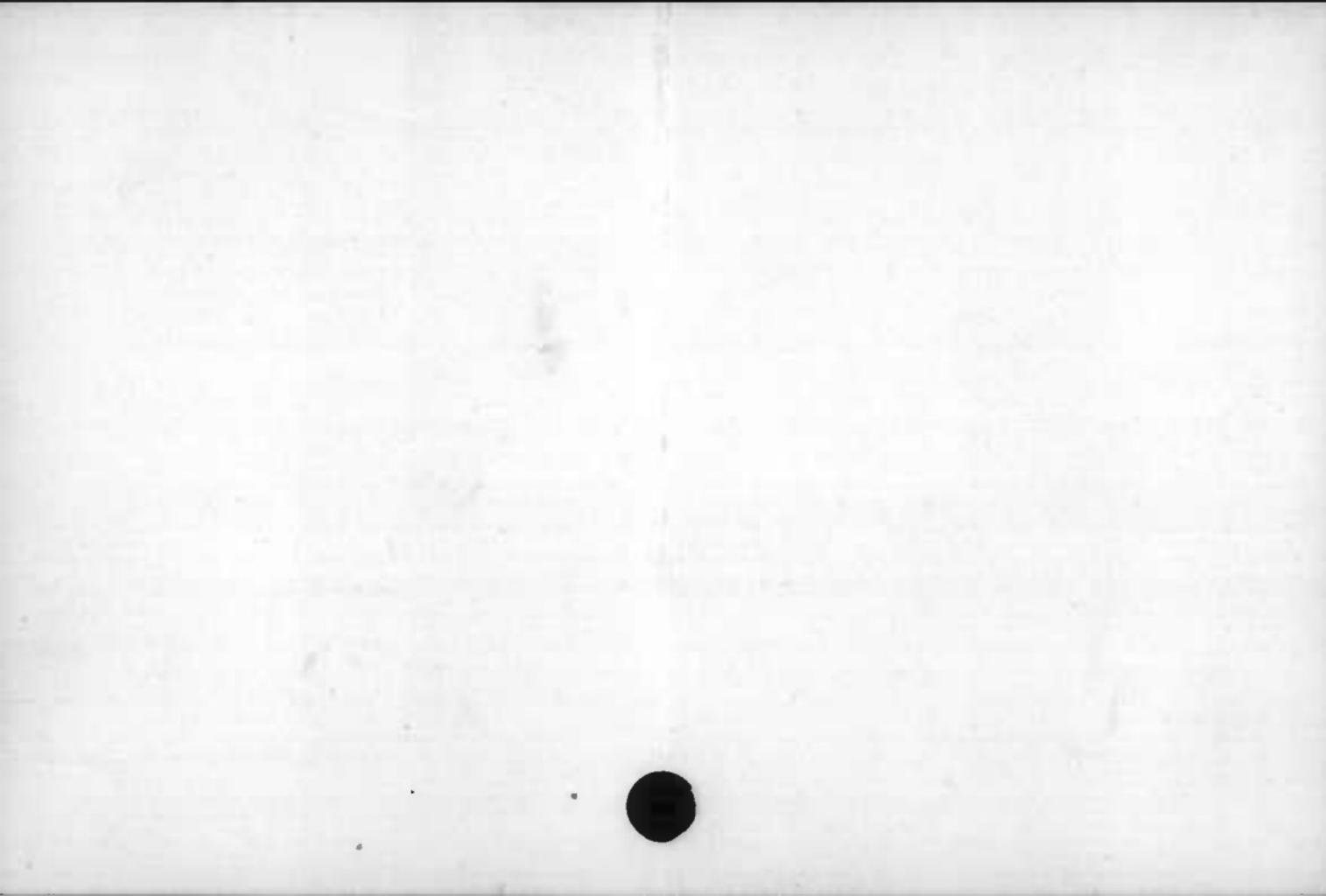
yes

Signature of
Physician

Address

G. E. Dickinson
Upper Fairmount
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant Bailey

Died at

Mt. Vernon

County

CERTIFICATE OF DEATH

MARYLAND

Date of death

Month

Day

Year

Months

Days

1909

Mar

16

Age

2 Months

21 Days

Sex

Male

Color or
Race

Colored

Birth-
place

Somerset Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George W. Bailey

Somerset Co.

Mother's
Maiden Name

Mary L. Hall

Somerset Co.

Name of person giving
Information

George W. Bailey

Somerset Co.

Primary

CAUSES OF DEATH

Immediate

Malaria

Are the name, age, sex, color,
date and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

151

How long

How long

Since birth

H. A. Barnes
Druggist and
Pharmacist
P. S. D. No. 2



Name
in
Full

Francis T. Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Kings Creek	County Somerset	MARYLAND	
Date of death 1909 November	Month Day 27 th	Years Age 70	Month 2 - Days 17 -
Sex Male	Color or Race white	Birth-place Worcester Co. Md.	
Occupation Farmer	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or <u>Husband</u> Emma F. Barnes		
Father's Name James A. Barnes	Father's Birthplace Worcester Co. Md.		
Mother's Maiden Name Sarah Adams	Mother's Birthplace Somerset Co. Md.		
Name of person giving Information Emma F. Barnes	How related to deceased wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholecystitis and Malaria

4

How long

10 days.

Immediate

Cardiac dilatation

How long

1 day.

Are the name, age, sex, color, date
and place correctly given above?

To best

Signature of
Physician

Chas. J. Fisher M.D.

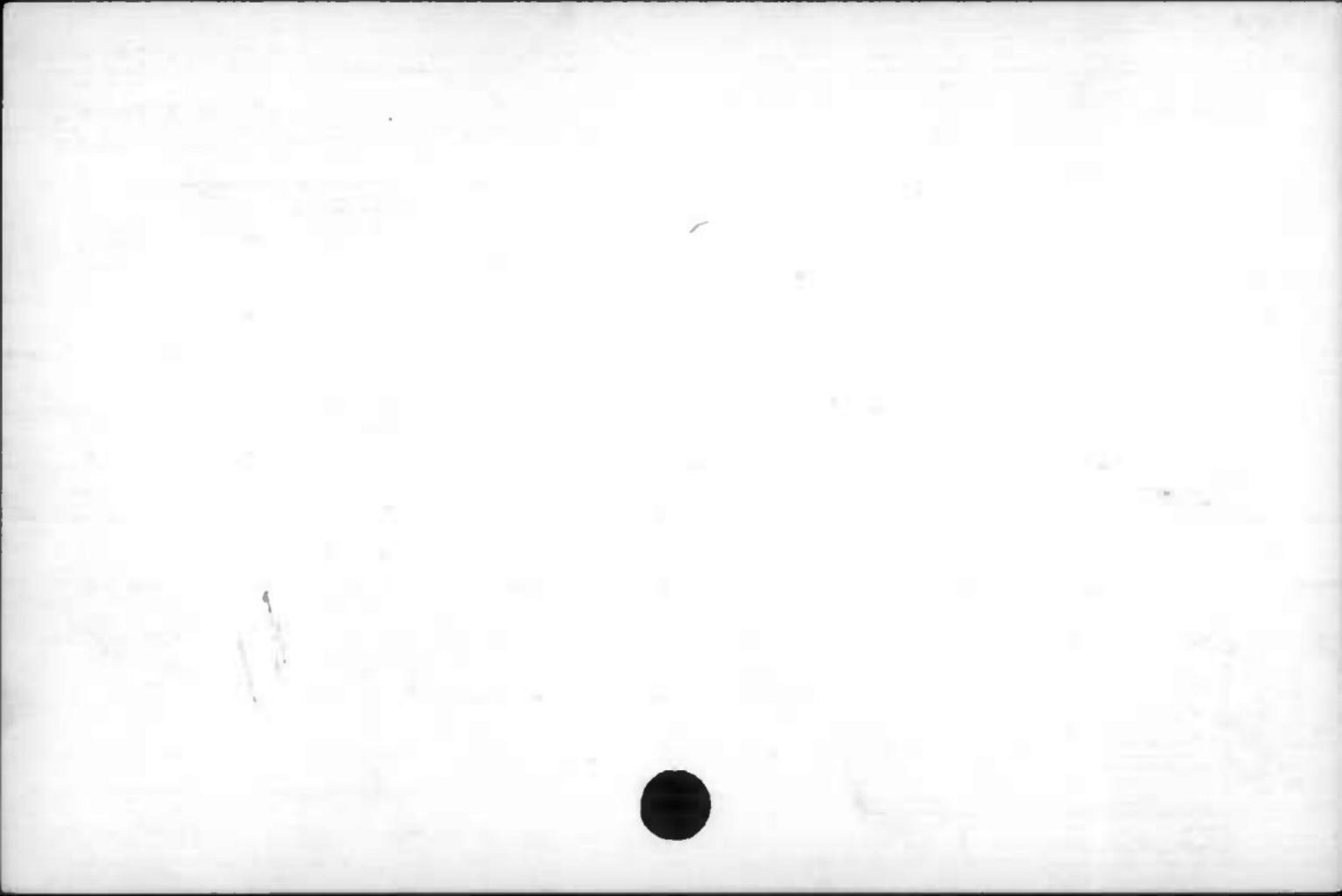
Address

Princess Anne
Md.

Accident or Suicide

No.

of my knowledge.



Name
in
Full

Frederick Busson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Diad et	Month	Day	Years	Months	Days
Date of death	1909	Nov.	24	Age	44
Sex	Male	Color or Race	Colored	Birth- place	Summit Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Princess Anne				
Father's Name	Frederick Busson				
Mother's Maiden Name	Unknown				
Name of person giving Information	Ned Larkford				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Cardiac Failure

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

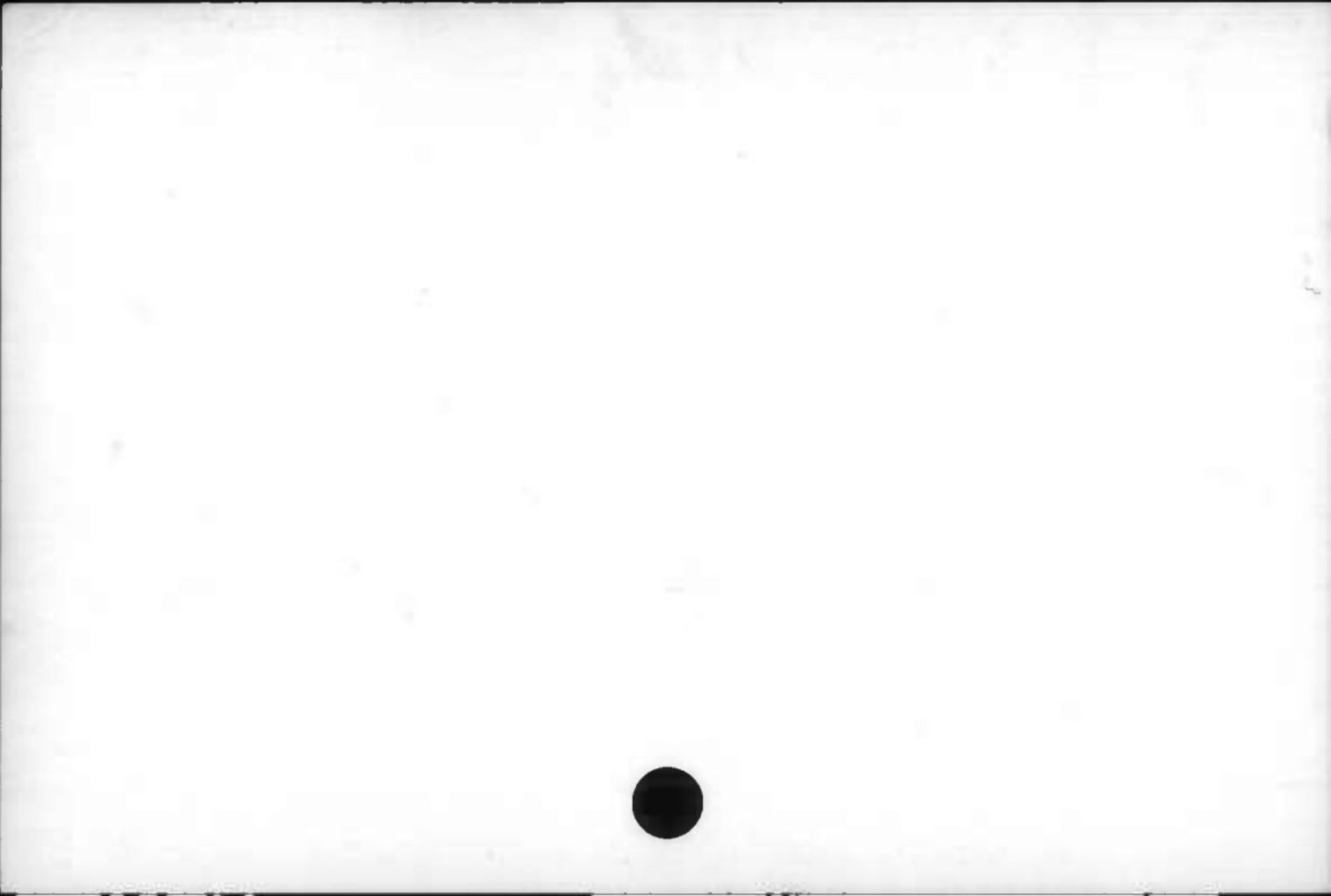
27

How long

Unknown

How long

2 days



Name
in
Full

Lizzie Brittingham

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Princess Ann</u>		Town <u>Dover</u> County <u>Doverst</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Nov</u>	Day <u>5</u>	Years <u>25</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place	<u>ned.</u>
Occupation <u>Houswork</u>	Where Residing if not at place of death <u>-</u>				<u>-</u>
Married, Single or Widowed <u>Singl</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Lewi Brittingham</u>					Father's Birthplace <u>ned.</u>
Mother's Maiden Name <u>Martha Maddox</u>					Mother's Birthplace <u>ned.</u>
Name of person giving information <u>Almondo Maddox</u>					How related to deceased <u>Half brother</u>

CAUSES OF DEATH

27

How long

809 yrs alived

How long

Progressive

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Attapexia

Are the name, age, sex, color, date and place correctly given above?

yes.

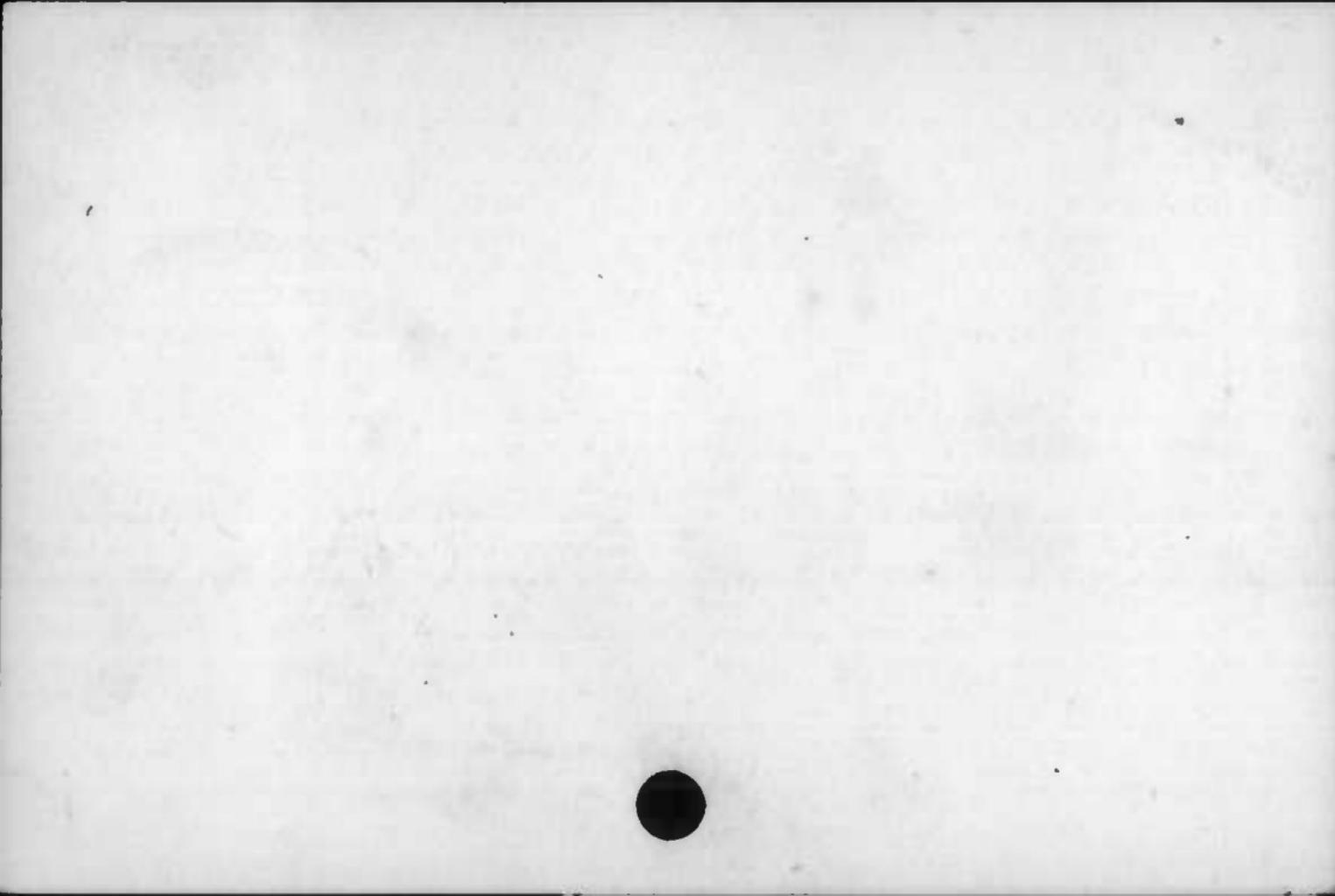
Signature of Physician

Cles. D. Fisher, M.D.

Address

Princess Ann

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Byrd.

Died at

Town

Crisfield

County

Somerset

CERTIFICATE OF DEATH

MARYLAND

Date of death

190

Month

Nov.

Day

25

Years

77

Months

"

Days

"

Sex

Female

Color or
Race

White

Birth-
place

Somerset Co.

Occupation

Housekeeper

Where Residing if not
at place of death

"

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Eliza Byrd

Father's
Birthplace

Md.

Father's
Name

Aaron Sterling

Mother's
Birthplace

Daughter

Mother's
Maiden Name

Jemima Sterling

How related
to deceased

Name of person giving
Information

Alice Lane

Daughter

CAUSES OF DEATH

Primary

Heart Failure

179

How long

5 minutes

How long

Immediate

you

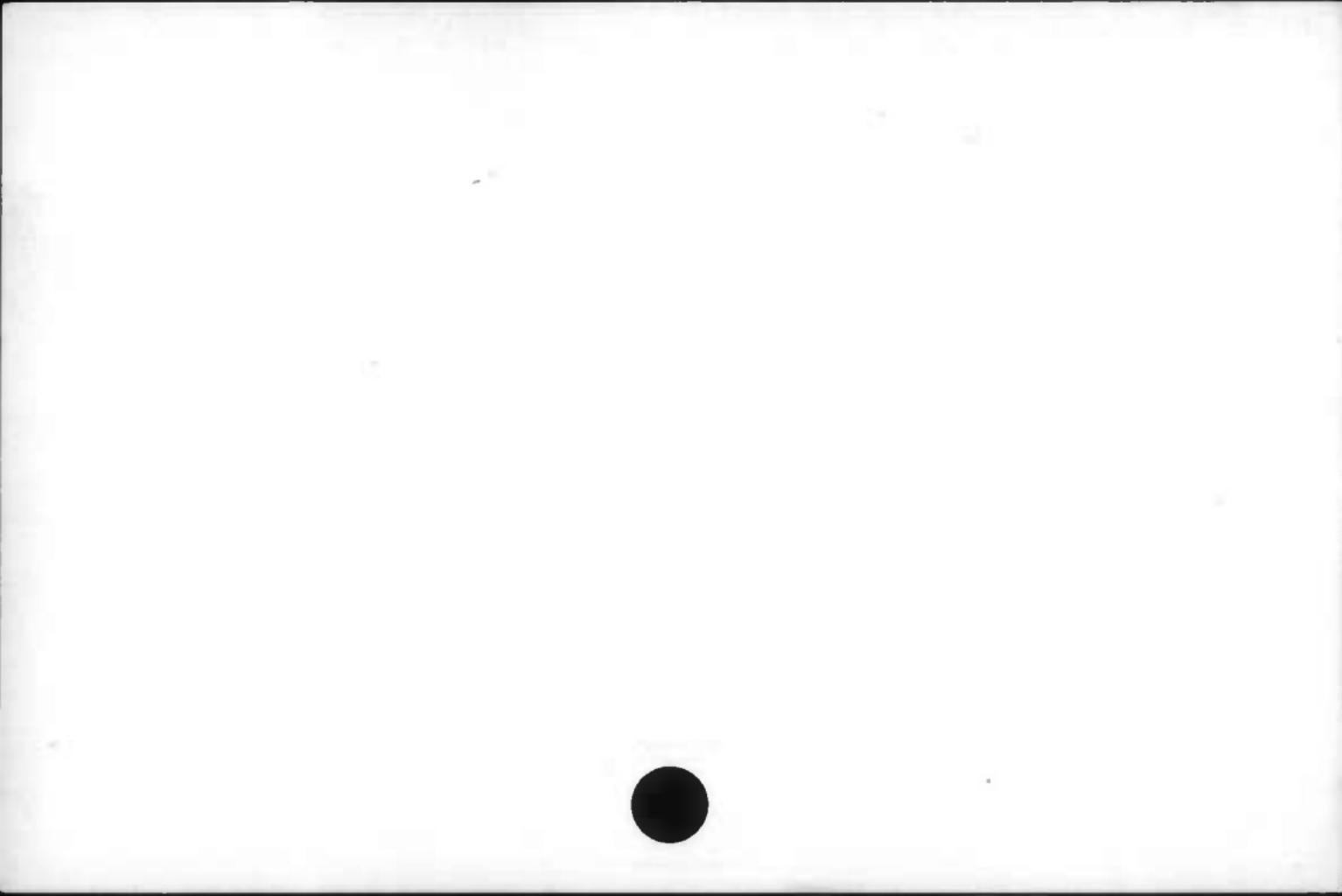
Signature of
Physician

Address

W. F. Stall
Crisfield Md

Accident or Suicide

1



Name
in
Full

Gordon Cullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cusfield Town Somerset County
Date of death 1909 Nov Month Age 12 Years
Sex Male Color or Race white
Occupation School Birth-place Cusfield
Where Residing if not at place of death
Married, Single or Widowed
Name of Wife or Husband
Father's Name Igor Cullen Father's Birthplace Somerset &
Mother's Maiden Name Amanda Tyler Mother's Birthplace Somerset &
Name of person giving Information Amanda Cullen How related to deceased Mother

CAUSES OF DEATH

171

How long

How long

Primary

Accidentally came in contact with an very insulation

Immediate

Are the name, age, sex, color, date and place correctly given above?

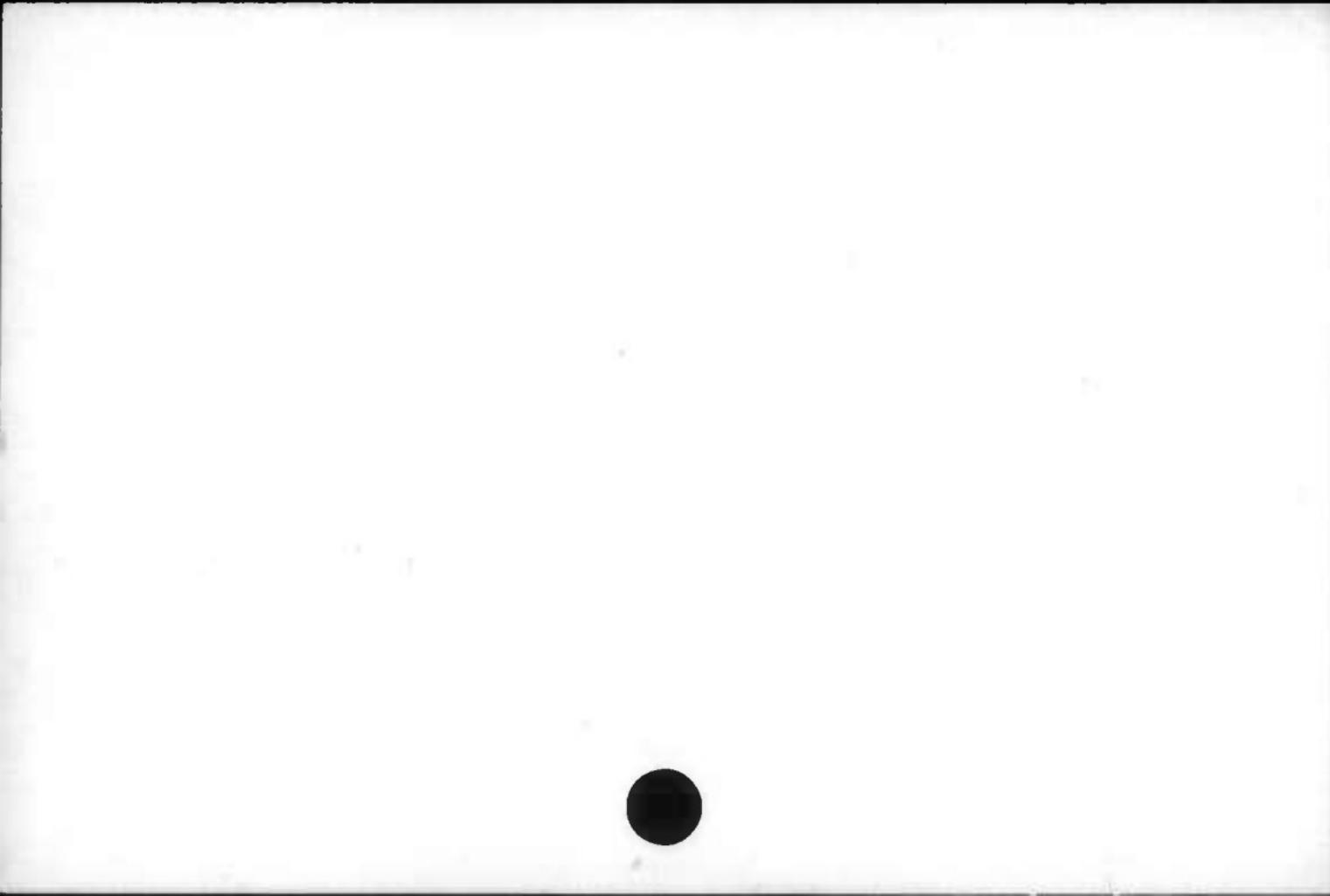
Signature of Physician

Address

C. G. Cullen
Cusfield

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at

Town

County

No name Dey
Crisfield

Months

MARYLAND

Days

Date
of death

Month

Day

Year

1909 March 5

Age

24

Sex

Color or
Race

Birth-
place

Occupation

Male White

Crisfield

Where Reiding if not
at place of death

Male

Crisfield

Married, Single
or Widowed

Name of Wife or
Husband

Male

Father's
Name

Aster Dey

Father's
Birthplace

Crisfield

Mother's
Maiden Name

Bessie Marold

Mother's
Birthplace

Crisfield

Name of person giving
Information

Bessie Marold

How related
to deceased

Mother

CAUSES OF DEATH

Primary

dead no

179

How long

day no

Immediate

How long

day no

Are the name, age, sex, color, date
and place correctly given above?

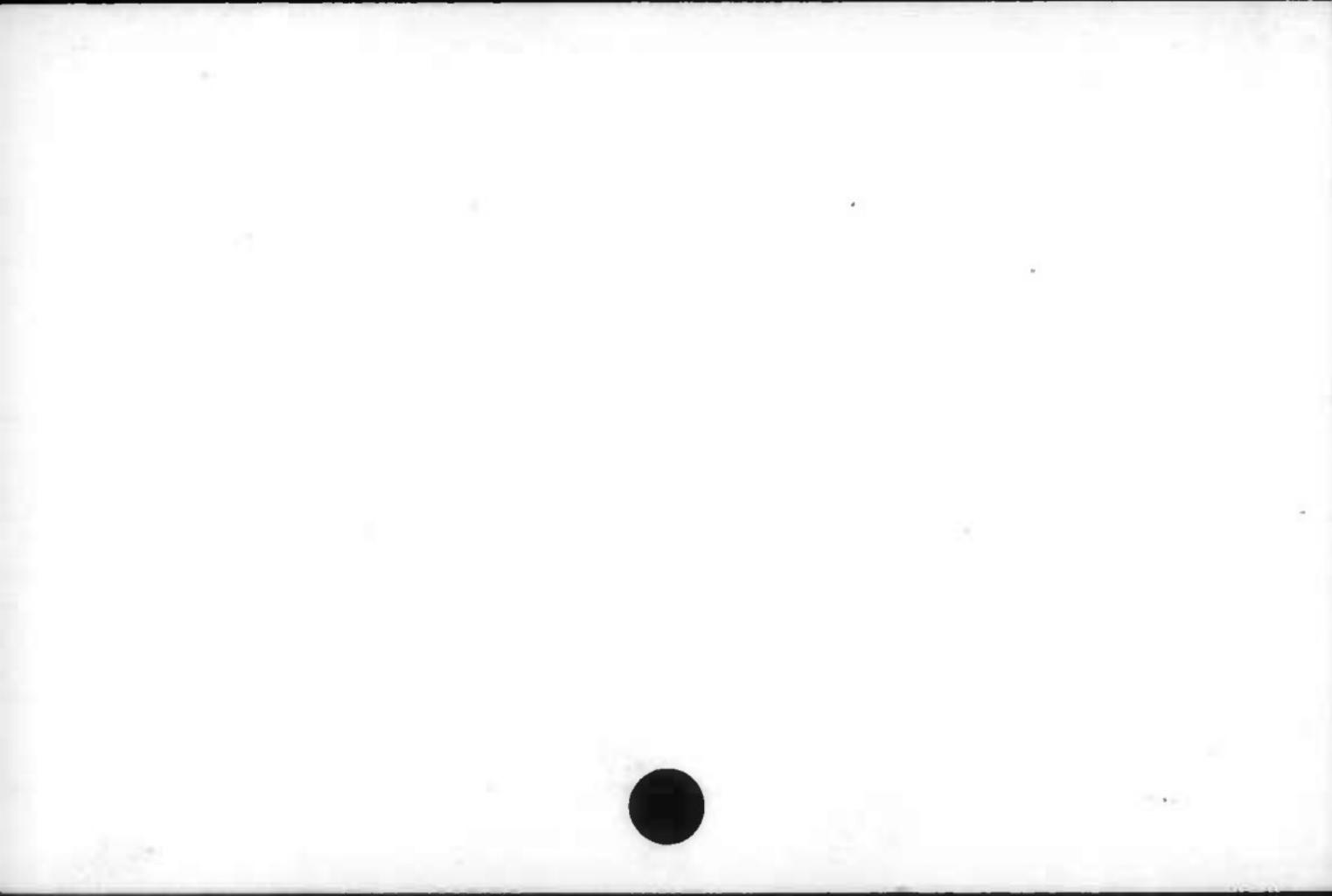
yes

Signature of
Physician

Address

S. H. Remond
Sub Agent

Accident or Suicide



Name
in
Full

Melvin Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Nov	Day 26	Years 61	Month	Days
Sex Male	Color or Race White	Birth-place Somerset Co			
Occupation Fisherman	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Melvin Anna Fisher	Father's Name	Urnmore	Father's Birthplace	Urnmore
Mother's Maiden Name Urnone	Mother's Birthplace	Urnone	How related to deceased	None	House
Name of person giving Information Maurice Chayey					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Augia Pectoris

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

Signature of Physician

Address

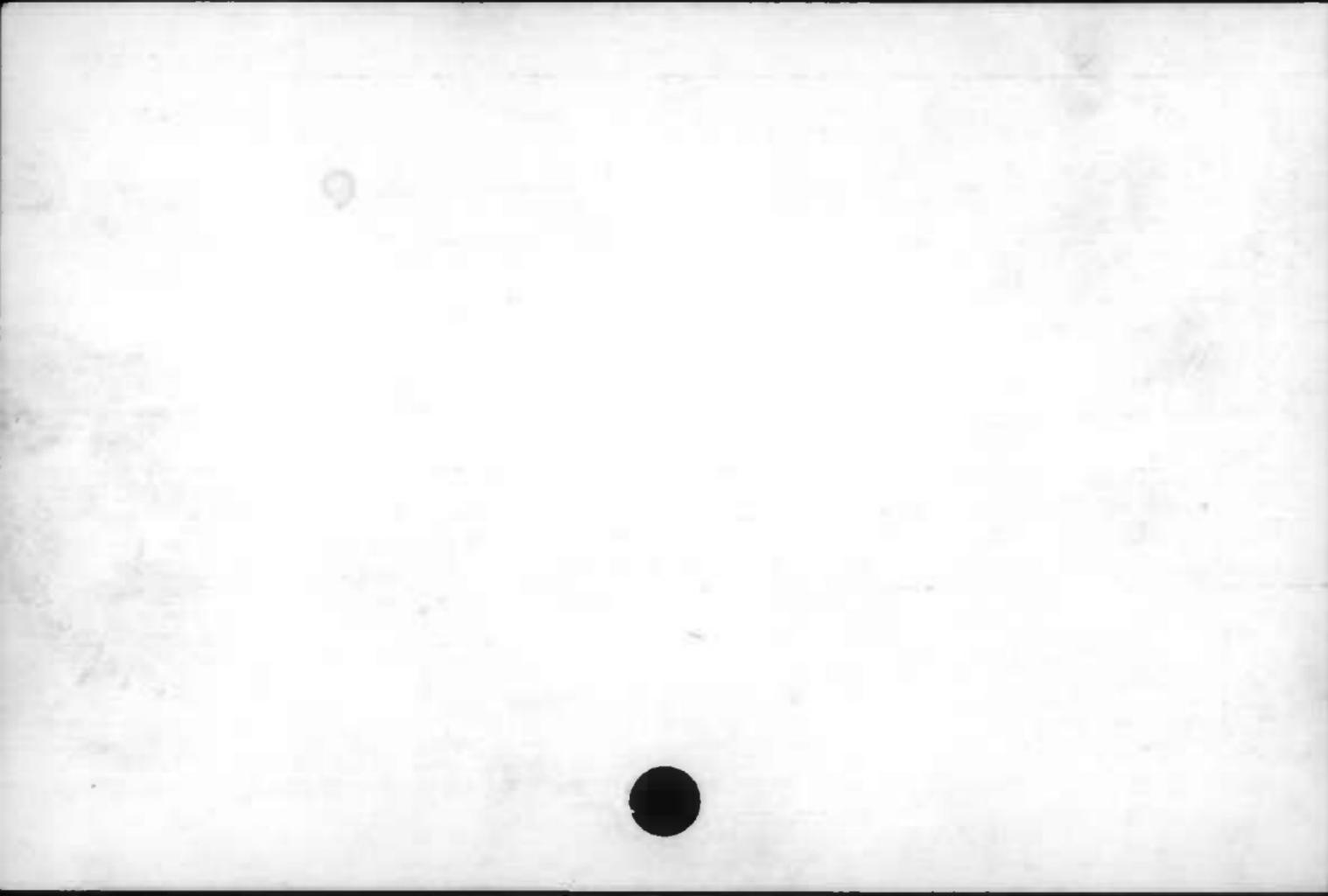
80

How long

How long

2 hours

H.A. Baynes MD.
Aug 18 1909
P.T.O. Nov

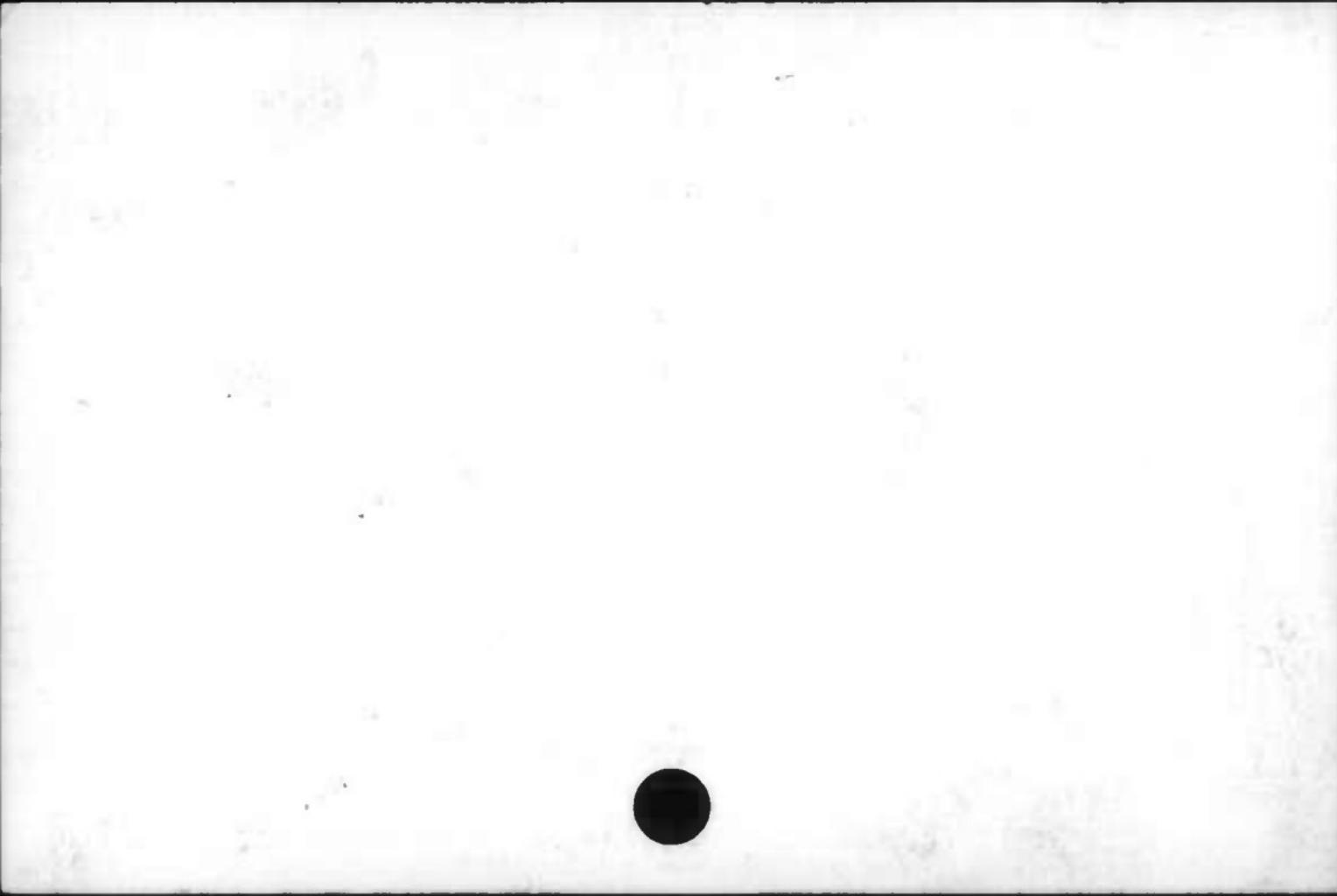


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER.

Orsula C. Furness						CERTIFICATE OF DEATH		
Died at	own	Month	Day	County	MARYLAND			
Date of death	1909	Nov	7	Years	Monthe	Days		
Age	74							
Sex	Female	Color or Race	White	Birth place	Somerset Co.,			
Occupation	Houswife	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	O. H. Furness	Father's Birthplace	Somerset Co.			
Father's Name	George	Tetra		Mother's Birthplace	Somerset Co.			
Mother's Maiden Name	Maria	Roberts		How related to deceased	Sister			
Name of person giving Information	O. E. Furness							
CAUSES OF DEATH						120		
Primary	Chronic Bright's Disease			3 years		How long		
Immediate	Cerebral			36 hours		How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	H. Bayne				
			Address	Circus Avenue No. 7 G.T.D. No. 7.				
Accident or Suicide								



Name
in
Full

Sola Camma Gibbons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Nov	Day 13	Years 22	Months 1	Days 15	
Sex	female	Color or Race	white	Birth-place	Md.		
Occupation	grocer	Where Residing if not at place of death			Capo Charles, Va		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Zadock J. Gibbons				Father's Birthplace	Md.	
Mother's Maiden Name	Mary D. Ball				Mother's Birthplace	Md.	
Name of person giving Information	Mary D. Gibbons				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

40 days

Immediate

Respiration

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

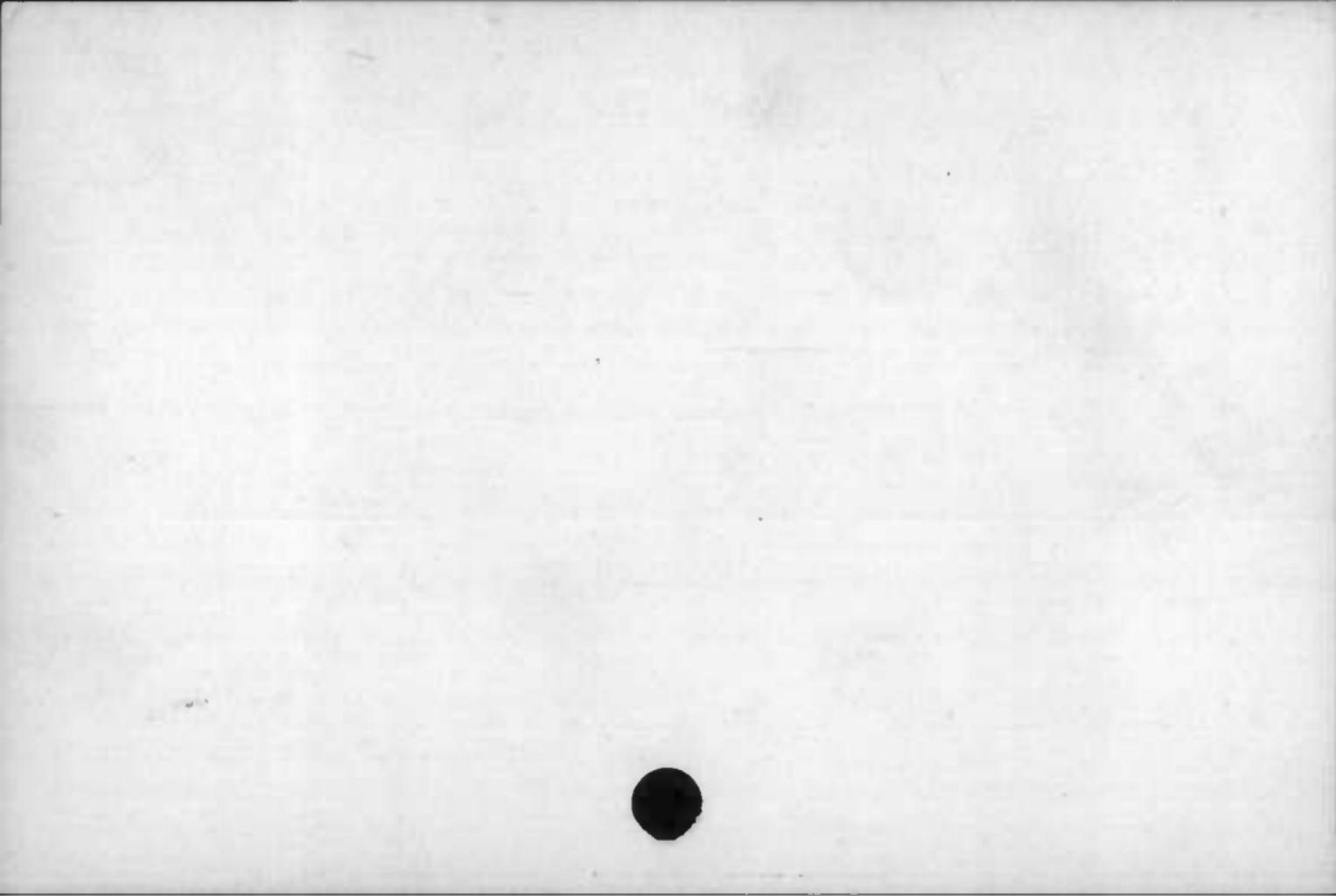
✓

Signature of Physician

Address

J.W. Miles
Towmsoe City

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dallia Hardy

CERTIFICATE OF DEATH

Town

Died at near Criagfield

County

Somerset

MARYLAND

Month

1909 Jan 18

Years

Age 35-

Months

-

Days

-

Date
of death

1909

Jan

18

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

Housework

Where Reiding if not
at place of death

Married, Single
or Widewed

single

Name of Wife or
Husband

-

Father's
Name

Kellum Hardy

Father's
Birthplace

Md

Mother's
Maiden Name

Andella Hardy

Mother's
Birthplace

Md

Name of person giving
Information

Andella Hardy

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Typhoid Fever

1

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

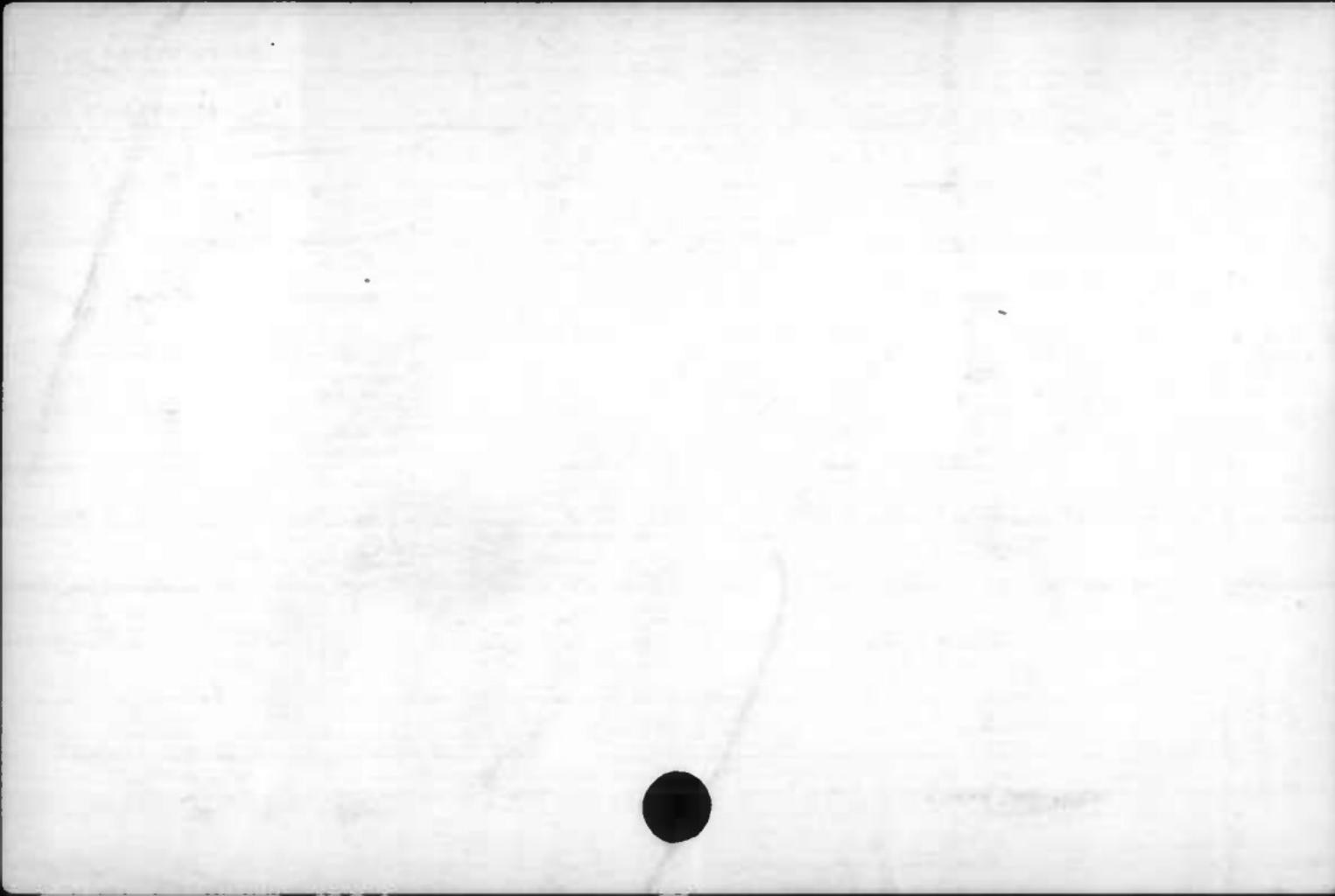
Signature of
Physician

Address

W H Hall
W H H Crisfield

Accident or Suicide

no



Name
In
Full

Emma W. Farmer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Deal's Island		County Somerset		MARYLAND	
Date of death 1909	Month Nov	Day 5 th	Years 3	Months 10	Days 11
Sex Female	Color or Race	White		Birth- place Deal's Island Somerset County	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George D. Farmer				
Mother's Maiden Name	Ella Webster				
Name of person giving Information	Mrs Ella Farmer				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria
Toxæmia

9

How long

2 weeks.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

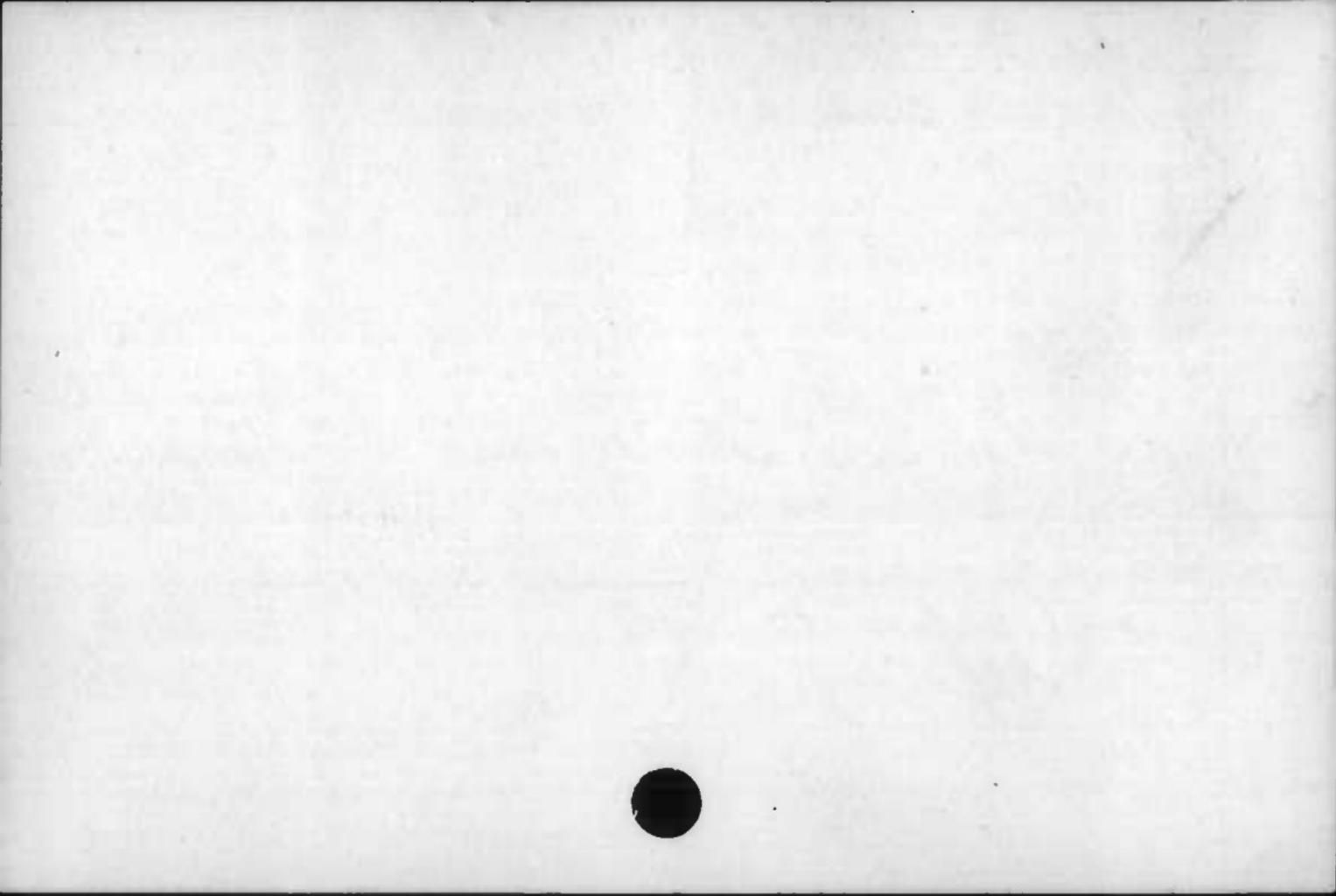
Address

4 days.

H. G. Alexander
Somerset Co.

Probably

Accident or Suicide?



Name
in
Full

Infant, Child, Jones
Town Deal's Island County Somerset

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Month	Day	Years	Months	Days
Date of death 1909 Nov	28	-	-	-	6
Sex Male	Color or Race	Colon			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas E. Jones				
Mother's Maiden Name	Louisa Anderson				
Name of person giving Information	Thomas E. Jones				
Father's Birthplace Somerset Co.					
Mother's Birthplace Somerset Co.					
How related to deceased Father					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Come before its time

151

How long

6 day's

Immediate Asphyx.

How long

7 hours

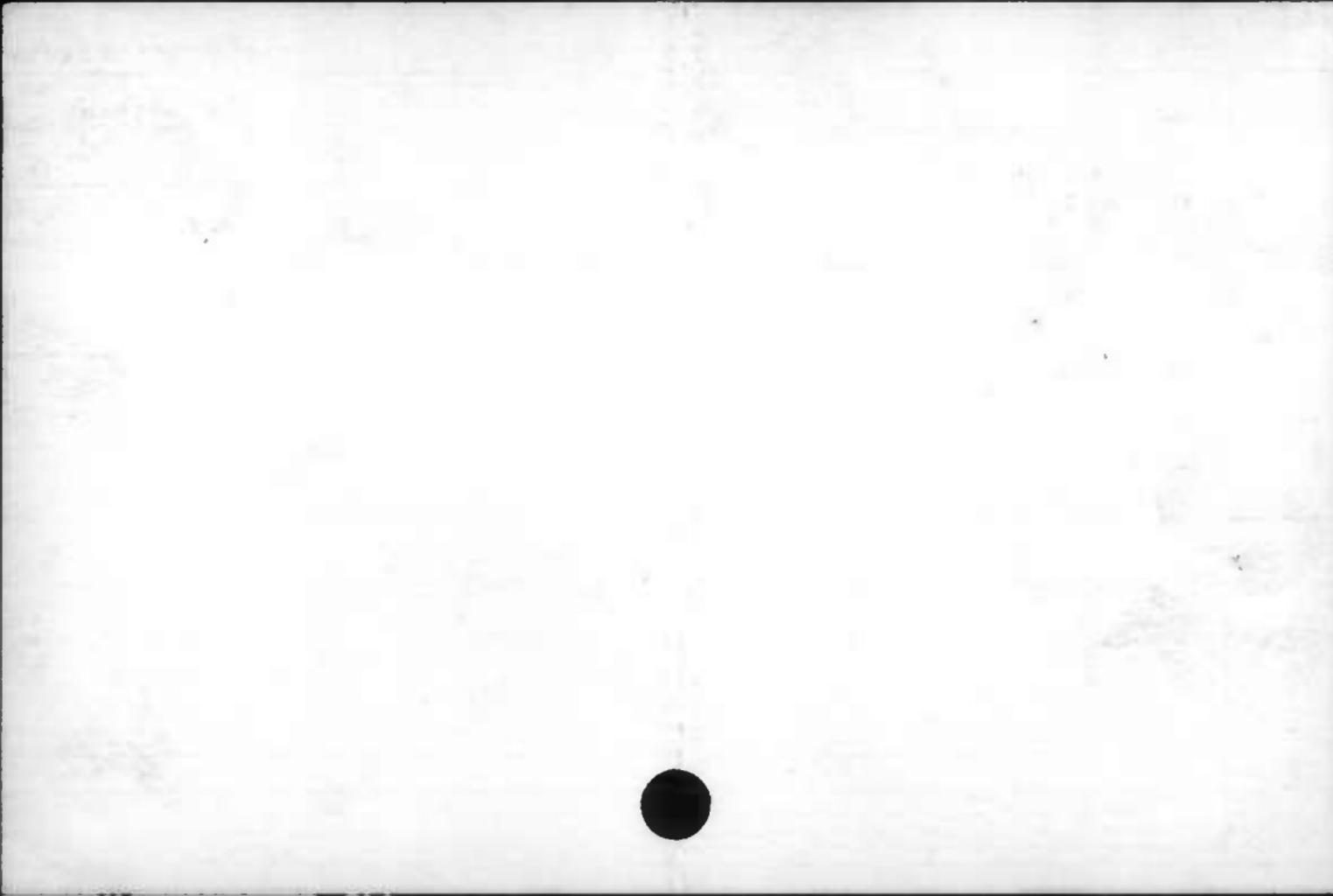
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo Bostick
Sub Registrar
Deal's Island Md.

Accident or Suicide



Name
in
Full

Mary B. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Not known

own

Date
of death

1909

Month

Nov

Day

17

County

Sussex

MARYLAND

Months

-

Years

19

Age

19

Sex

Female

Color or
Race

Colored

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

Martin Jones

Father's
Birthplace

Sussex Co

Mother's
Maiden Name

Auguora Jones

Mother's
Birthplace

Sussex Co

Name of person giving
Information

Auguora Jones

How related
to deceased

Mattie

CAUSES OF DEATH

106

How long

Primary

Gastr. Enteritis

4 days

Immediate

Yes

Signature of
Physician

Address

H. H. Barnes M.D.
Circus Game M.D.
J. T. D. No. 2.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
In
Full

Ethel Rodman Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND
Died at Boston	Somerset	
Date of death 1909 Nov 27	Age 5 Years	Months 4 Days
Sex Female	Color or Race white	Birth-place N.Y.
Occupation ✓	Where Residing if not at place of death ✓	
Married, Single or Widowed	Name of Wife or Husband ✓	
Father's Name Mr. Alfred Mason	Father's Birthplace N.Y.	
Mother's Maiden Name May N. Jones	Mother's Birthplace N.Y.	
Name of person giving information	How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteric Fever

105

How long

Immediate Inflammation

4 weeks
3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Baltimore,
Baltimore City

Accident or Suicide? ✓

Mr. Stickitae.

Name
in
Full

Leah E. Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Upper Fairmount Town County
Month Day Years Months Days
Date of death 1909 Nov 22 Age 64 10 21

Sex female Color or Race white Birth-place Fairmount
Occupation housewife Where Residing if not at place of death X

Married, Single or Widowed married Name of Wife or Husband

D. W. Miles

Father's Name Edward Hall

Father's Birthplace Joseph Brown

Mother's Maiden Name Sarah S. Hall

Mother's Birthplace Sarah Brown

Name of person giving Information Hershey, D.W. Miles

How related to deceased Hershey

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

one yr. 6 mos.

Immediate

Heart failure

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. W. Bill

Mountain

Md.

PHYSICIAN
OR CORONER

Accident or Suicide

No permit was granted for the burial
of the deceased - none was asked for,
Died 22nd Burned 24th
Cor. of death sent in 29th

11/29-09.

Name
in
Full

Irene Kitson Palmatory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Princess Anne	County	Somerset	MARYLAND					
Date of death	Month	November	Day	20 th	Years	81	Month	No	Days	1-
Sex	Female	Color or Race	white	Birth-place	Virginia					
Occupation	None	Where Reiding if not at place of death								
Married, Single or Widowed	Widow	Name of Husband	Geo. H. Palmatory (Dead)							
Father's Name	Chas. Bagwell	Father's Birthplace	Virginia							
Mother's Maiden Name	Elizabeth Taylor	Mother's Birthplace	Virginia							
Name of person giving Information	Irene Palmatory	How related to deceased	Daughter							

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage.

How long

2 weeks

Immediate

Oedema of lungs.

How long

1 day.

Are the name, age, sex, color, date and place correctly given above?

yes

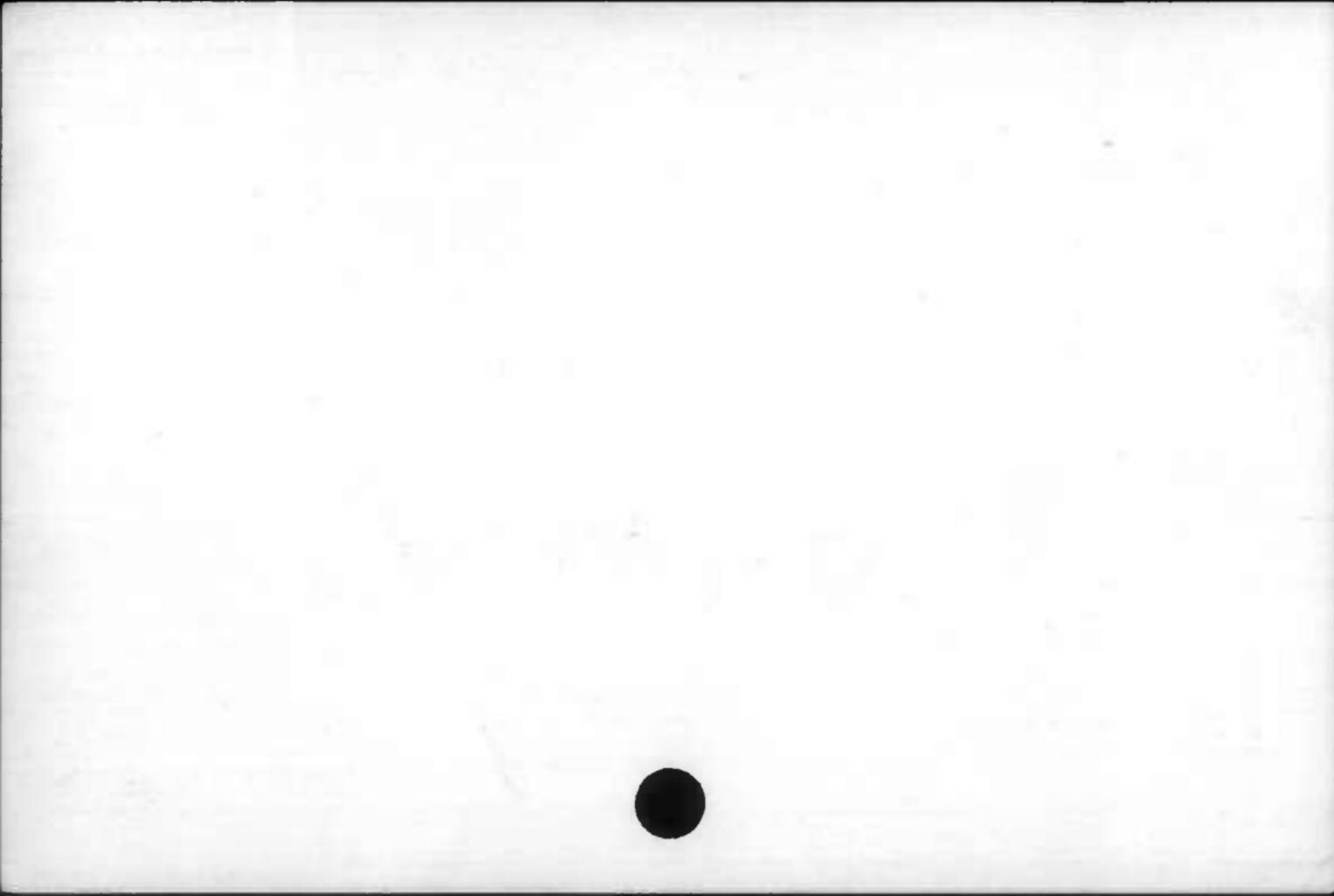
Signature of Physician

Address

Chas J. Fisher M.D.
Princess Anne

Accident or Suicide

No.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Hope Riggan
Town Hopewell

Died at

Town

County

Somerset

Date of death

Month

Day

Years

Months

Days

1909 Nov. 20

Age 78

Sex

Color or
Race

Male White

Birth-
place

Hopewell
"

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Obed Riggan

Father's
Birthplace

Hopewell

Mother's
Maiden Name

Harriet "

Mother's
Birthplace

"

Name of person giving
Information

W. F. Riggan

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Paralysis

66

How long

2 yrs

Immediate

3m

How long

"

Are the name, age, sex, color, date
and place correctly given above?

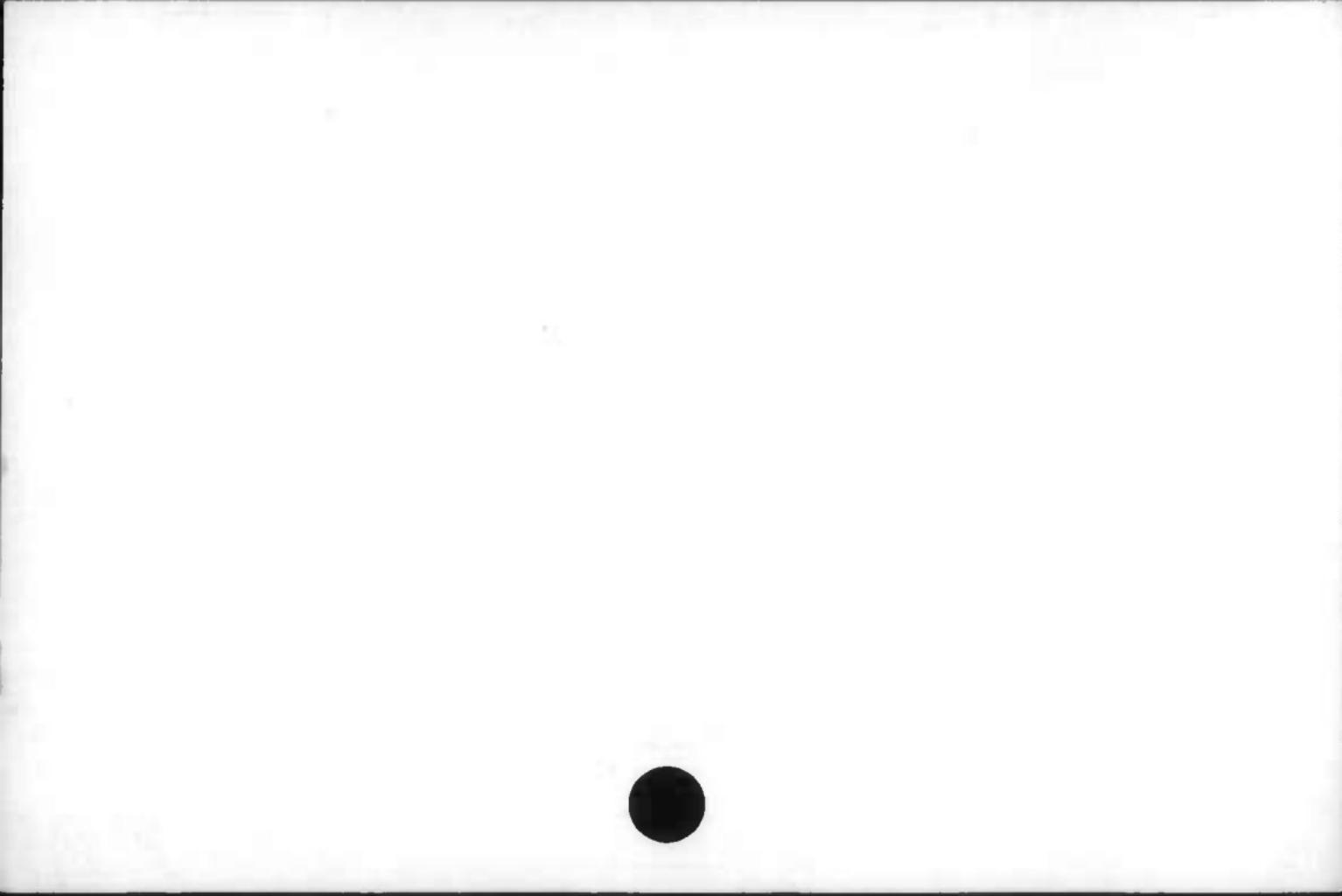
Signature of
Physician

Address

No

J. F. Somes,
Physician M.D.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lee T. Roberts

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Month	Days
Sex	Color or Race	Age	—	Birth-place	—
Occupation	Where Residing if not at place of death				

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Grooville Roberts

Father's
Birthplace

Born. E.

Mother's
Maiden Name

Julia Jones

Mother's
Birthplace

Born. E.
Grand-father

Name of person giving
Information

Bidley Jones

How related
to deceased

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

2 mos.

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

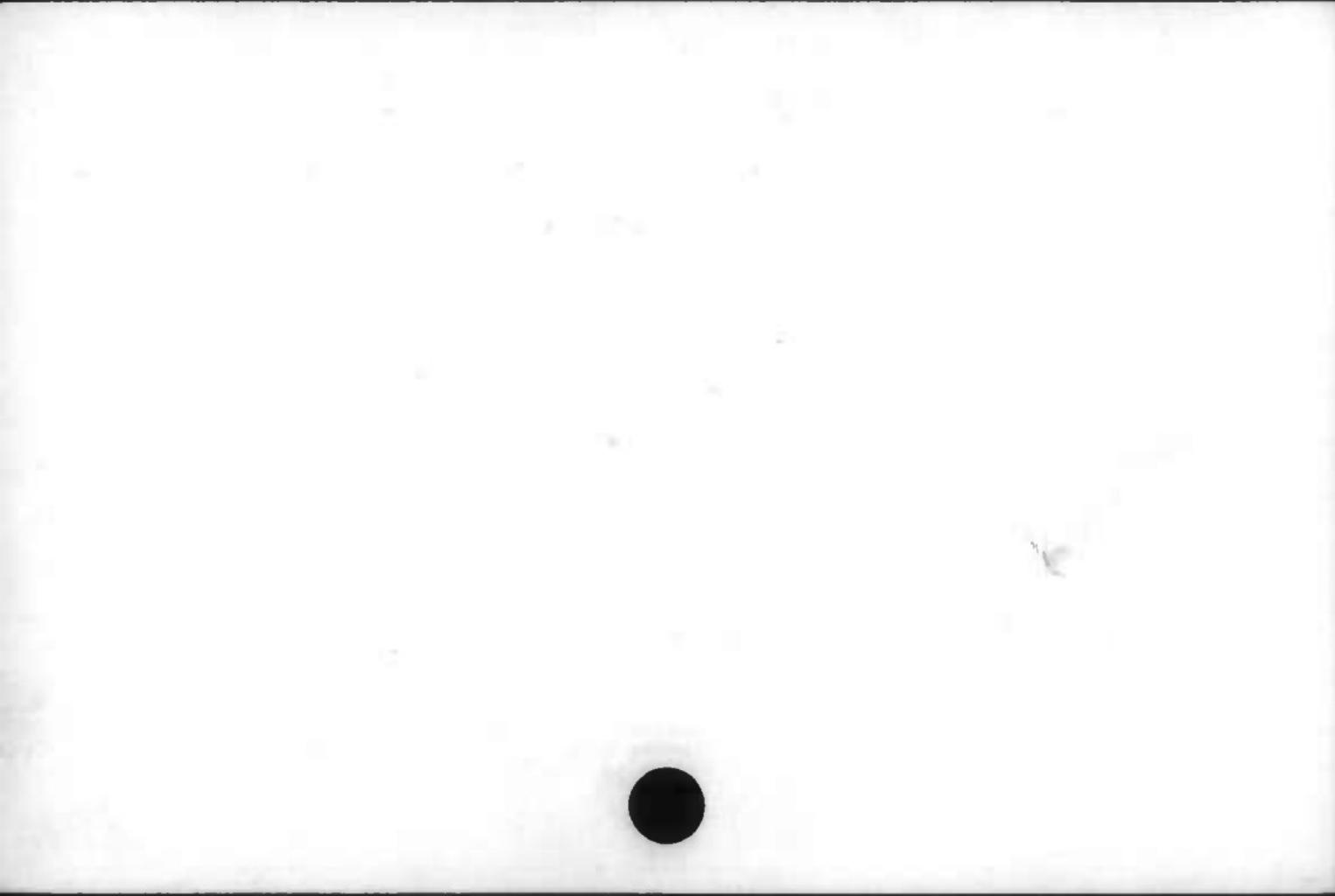
Signature of
Physician

Address

J. J. Hudson M.D.
Daguerre Theater
Somerset Co., Md.

Accident or Suicide

no



Name
in
Full

Not named Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town	County			
Died at	Saints Quarter	Saints Quarter				
Date of death	1909 Nov.	Month	Day	Years	Months	Days
Sex	+	Color or Race	Colored	Age	—	11 days
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Julius Roberts		Son, Co.			
Mother's Maiden Name	Harriett Roberts		Son Co.			
Name of person giving Information	Porter Roberts		Grand-father			

CAUSES OF DEATH

151

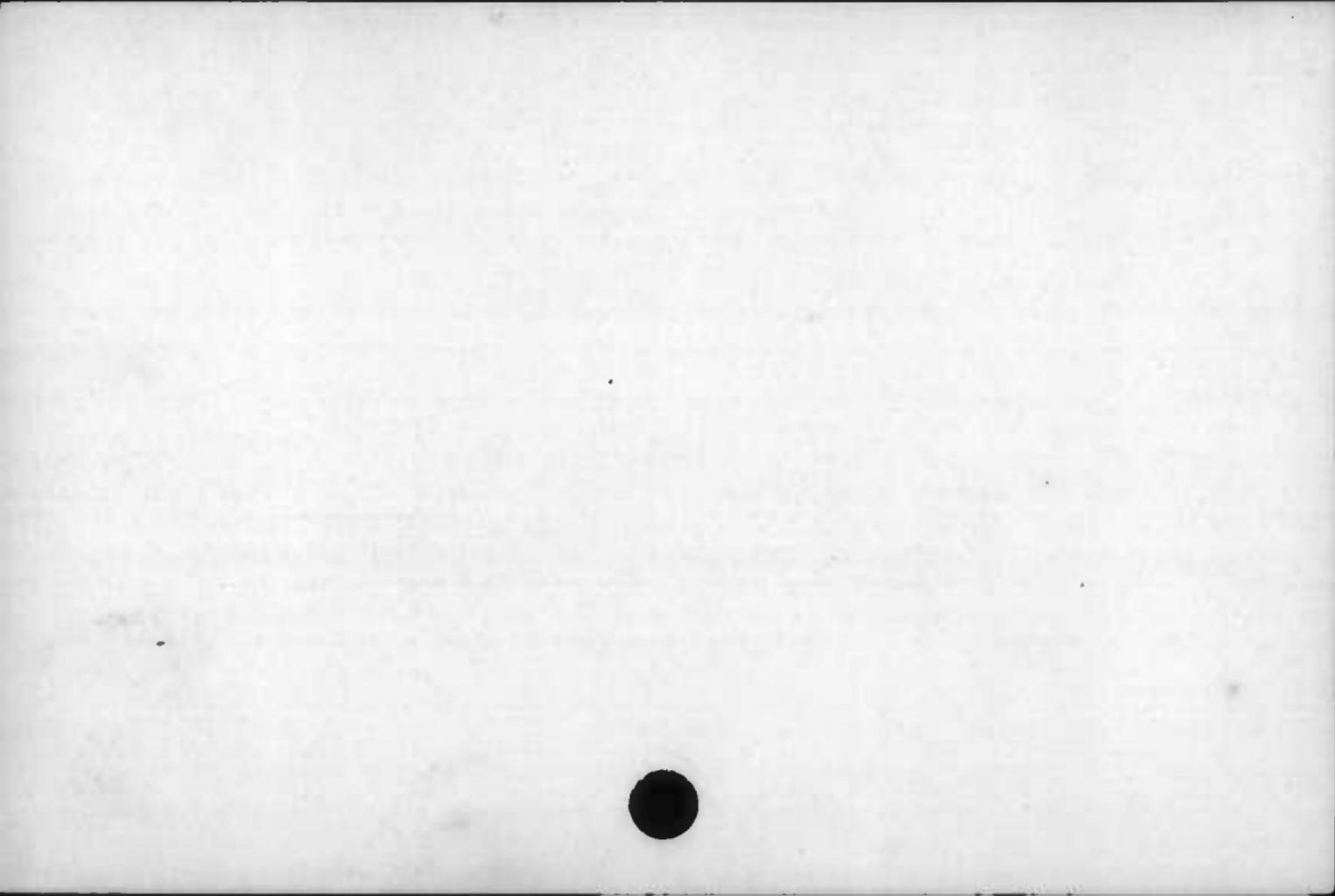
PHYSICIAN
OR CORONER

Primary	Sick from birth	How long
Immediate	—	How long

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
--	-----	------------------------

Address

Accident or Suicide?	no	Saints Quarter Son Co., Md.
----------------------	----	--------------------------------



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lillian Sterling
Lawsonia Somersett

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death

Month

Day

Years

Months

Days

1909

11

26

Age

32

Sex

Color or
Race

W. White

Birth-
place

Lawsonia

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Cape Sterling

Father's
Name

Reese Sterling

Father's
Birthplace

Mother's
Maiden Name

May Dougherty

Mother's
Birthplace

Name of person giving
Information

J.S. Lawson

How related
to deceased

Primary

CAUSES OF DEATH

Pulmon Consumption

27

Immediate

6 months

Are the name, age, sex, color, date
and place correctly given above?

yes

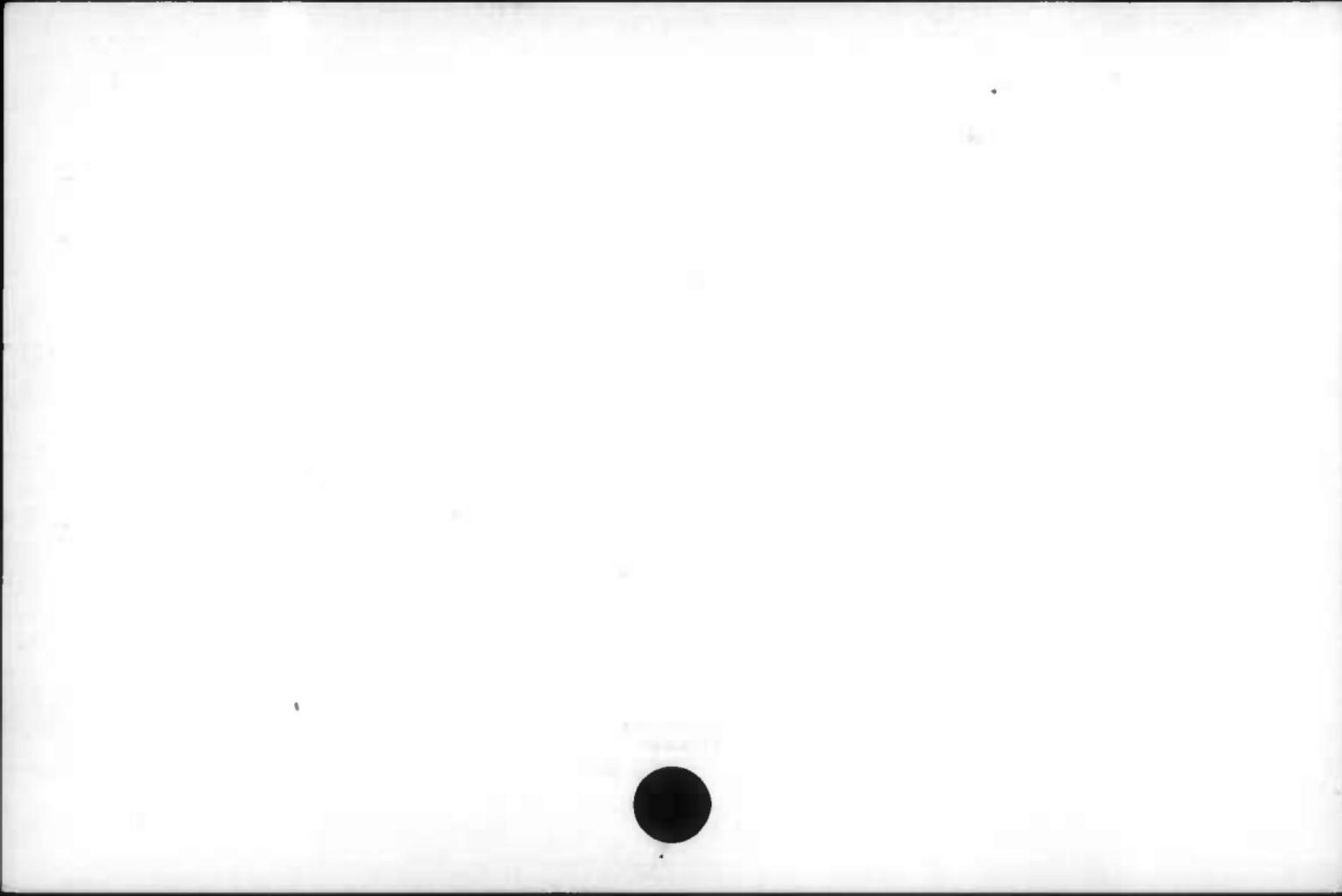
Signature of
Physician

Address

W. F. Hall
Cirfield Me

Accident or Suicide

—



Name
in
Full

Viola W Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Crisfield Somerset

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909

11

21

Age 16

4

16

Sex

Female

Color or
Race

Bloes

Birth-
place

Crisfield Md

Occupation

School

Where Reaing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Albert Sterling

Father's
Birthplace

Crisfield

Mother's
Maiden Name

Sedonia Horsey

Mother's
Birthplace

Crisfield

Name of person giving
Information

Mother

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Typhoid Fever

①

✓

Immediate

23 days

How long

Are the name, age, sex, color, date
and place correctly given above?

You

Signature of
Physician

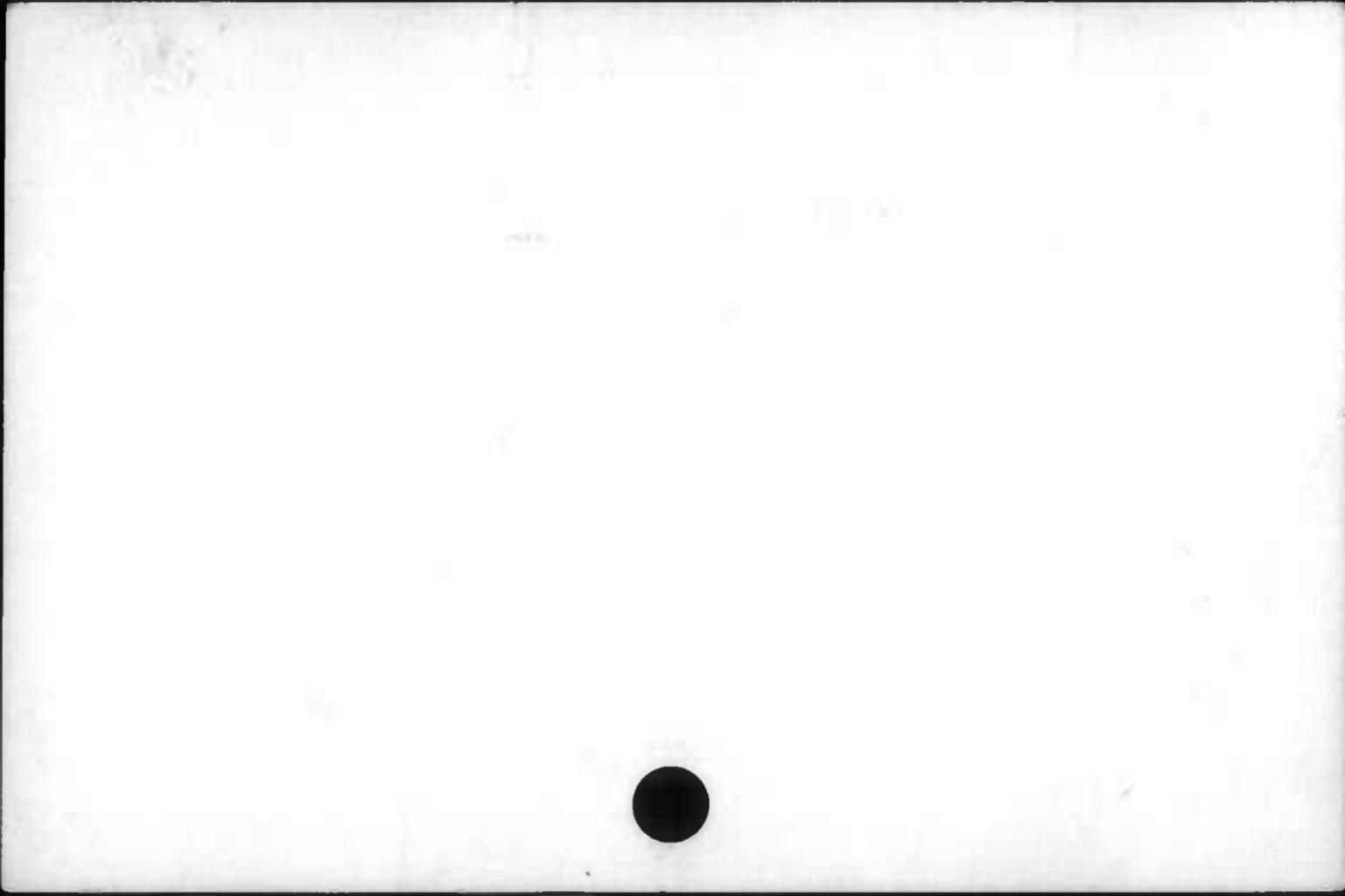
Address

A. H. Stael
Crisfield Md

PHYSICIAN
OR CORONER

Accident or Suicide

No.



Name
in
Full

Joanna R. Stevens

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Princess Anne

County
Somerset

Date of death 1909 Month Nov. Day 30

Years
Age 85

Months 11 Days 15

Sex Female Color or Race

White

Birth-place Epping, N. H.

Occupation
Had been invalid for 20 years

Where Residing if not
at place of death

Married, Single
or Widowed
Widowed

Name of Wife or
Husband

Father's Name
Thomas Calby

Father's Birthplace
N. H.

Mother's Maiden Name
Abigail Kendricks

Mother's Birthplace
N. H.

Name of person giving
Information
Louise S. Weaver

How related
to deceased

CAUSES OF DEATH

Primary
Senile Debility

How long
154

Immediate
Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

yes

F. J. Smith
Princess Anne Md

PHYSICIAN
OR CORONER

Accident or Suicide?

Received

Aug 5, 1913

Bureau V.S.

Name
in
Full

Jeanne Richardson Stevens
Town Princess Anne County

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Diad at Princess Anne Month Day Years Months Days
Date of death 1909 Nov. 30 Age 85- 11 15-

Sex female Color or Race white Birthplace Epping N.H.

Occupation Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Harry Stevens

Father's

Name

Thruus

Colby

Father's
Birthplace

N.H.

Mother's

Maiden Name

Horgau Henderach

Mother's
Birthplace

N.H.

Name of person giving

Information

Clinton H. Warren

How related
to deceased

Son in law

CAUSES OF DEATH

Primary

Senile Debility

154

10 days

Immediate

Asthma

How long

3 "

Are the name, age, sex, color, date
and place correctly given above?

yet

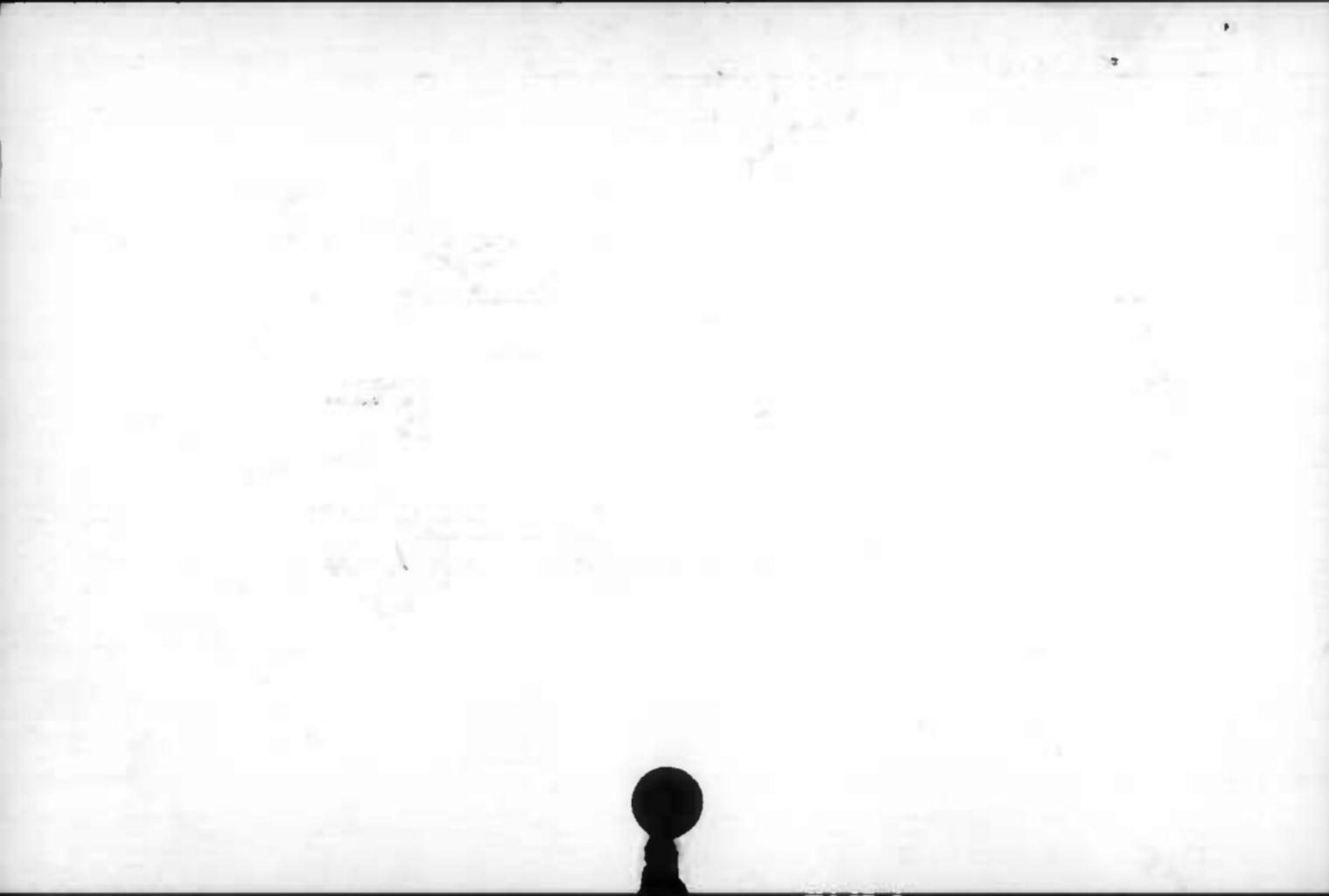
Signature of
Physician

Address

J. J. Smith
97 Main St

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Bestie Marie Swift

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Month	Days
Sex	Female	Color or Race	White	Birth-place	Hosold Md.
Occupation	Infant				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Best Hastings				
Mother's Maiden Name	Fannie Swift				
Name of person giving Information	Person Swift				
Where Residing if not et place of death					
Father's Birthplace	Somerset Co				
Mother's Birthplace	Somerset Co				
How related to deceased	Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inflammation 1773
General Gangrene

How long

All its life

Immediate

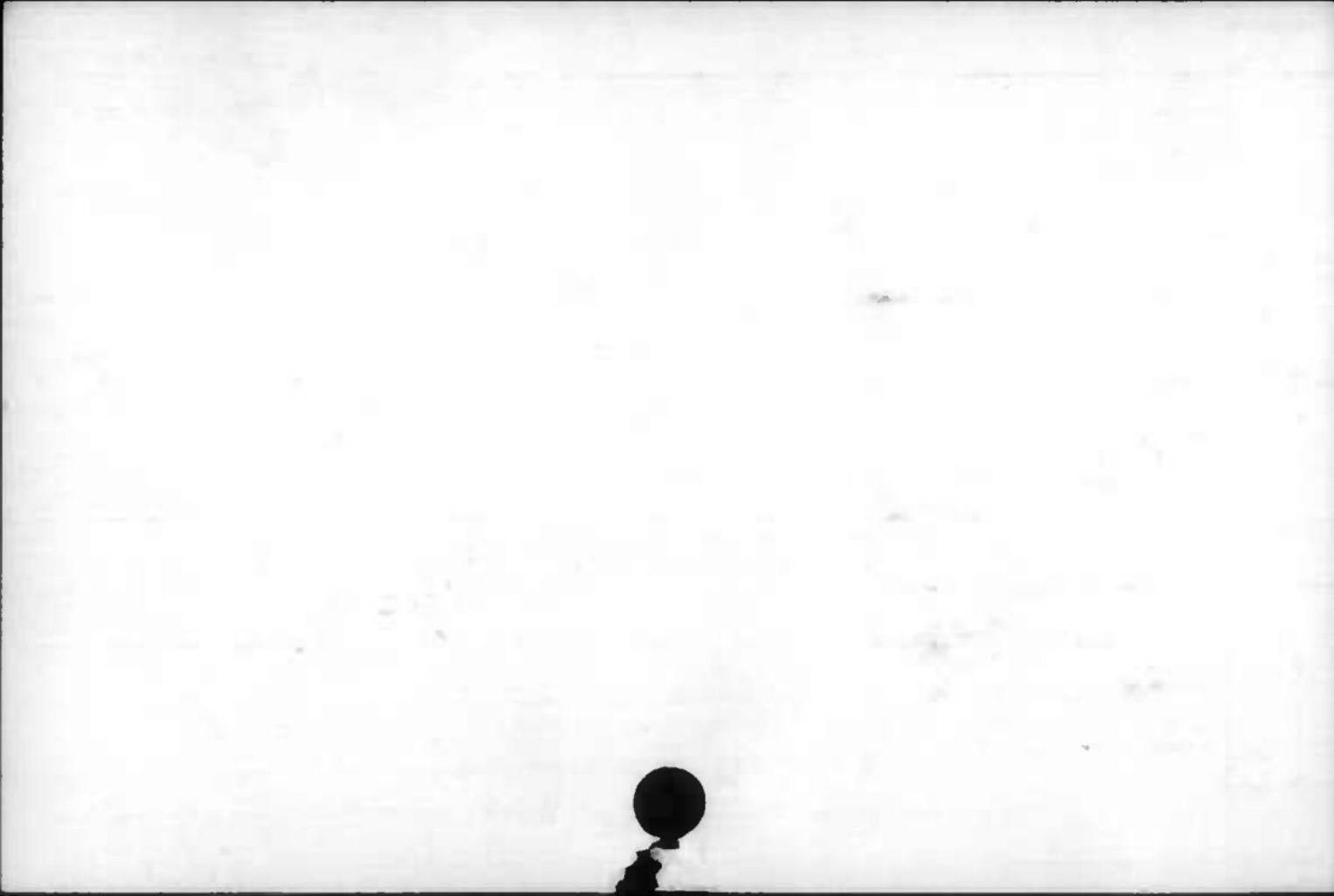
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Dr. J. D. B. Allen
Baltimore
Md



Name
in
Full

George W. Turpin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Upper Fairmount	County	Somerset	MARYLAND							
Date of death	1909	Month	Nov	Day	9 th	Years	10	Months	—	Days	—
Sex	Male	Color or Race	Black	Birth-place	Somerset Co						
Occupation	None	Where Residing if not at place of death									
Married, Single or Widowed	Single	Name of Wife or Husband	—								
Father's Name	John	Father's Birthplace	Somerset Co								
Mother's Maiden Name	Annie Maddox	Mother's Birthplace	Somerset								
Name of person giving Information	John Turpin	How related to deceased	Father								

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

3 weeks

Immediate

Heart Failure

How long

a few mins

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

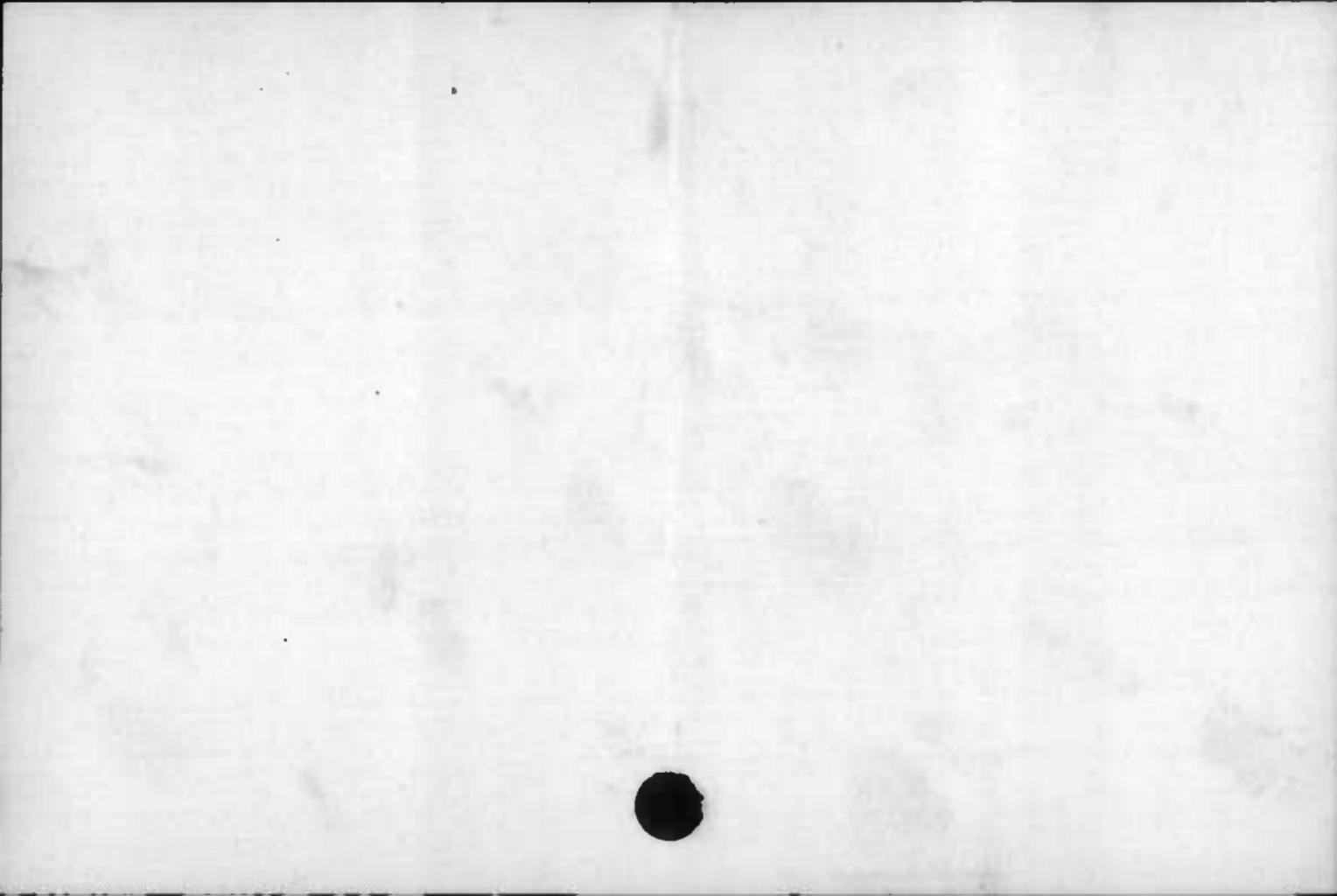
Address

G. Eickinson

Fairmount

M.D.

Accident or Suicide?



Name
in
Full

Maria Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Somerset

MARYLAND

Date
of death

190

Month

Nov.

Day

Years

Month

Days

Sex

Female

Color or
Race

Age

9

Birth-
place

Som. Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Joseph Tyler

Father's
Birthplace

Mother's
Maiden Name

Annie Kelly

Mother's
Birthplace

Name of person giving
Information

Annie Tyler

How related
to deceased

Primary

CAUSES OF DEATH

(9)

How long

1 day

How long

Immediate

Diphtheria
Laryngeal Diphtheria

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

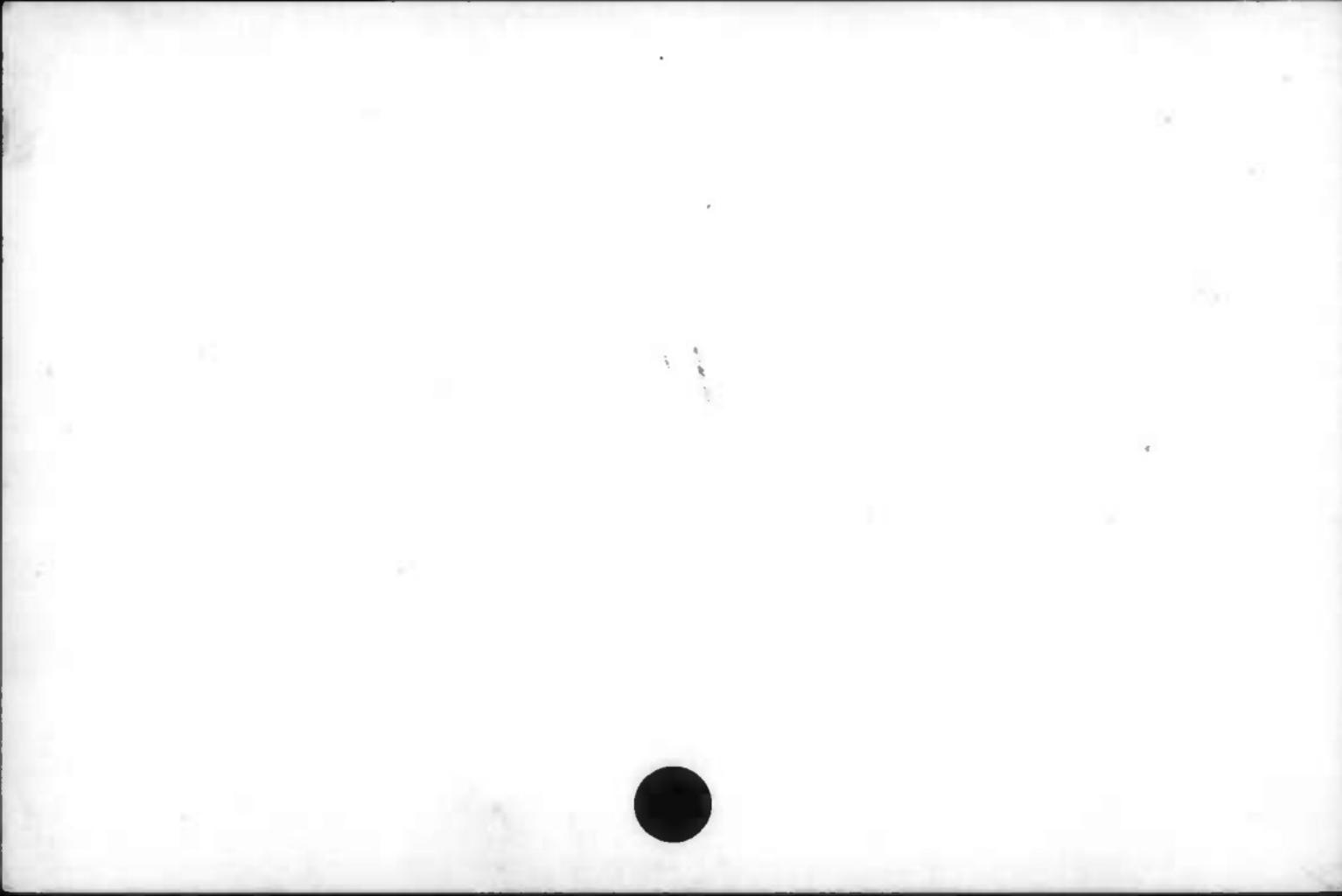
Address

S. J. Womble

Dunes Building
Somerset Co., Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry U Ward

CERTIFICATE OF DEATH

Died at

own

Enfield

County

Somerset

MARYLAND

Date

Month

Day

of death 190

9

11

Years

71

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Hopewell

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Anne

Ward

Father's
Name

William Ward

Father's
Birthplace

Mother's
Maiden Name

Ansuan

Mother's
Birthplace

Name of person giving
Information

CAUSES OF DEATH

Primary

Chronic Diarrhoea

66

How long

20 year

Immediate

Paroxysm

How long

two weeks

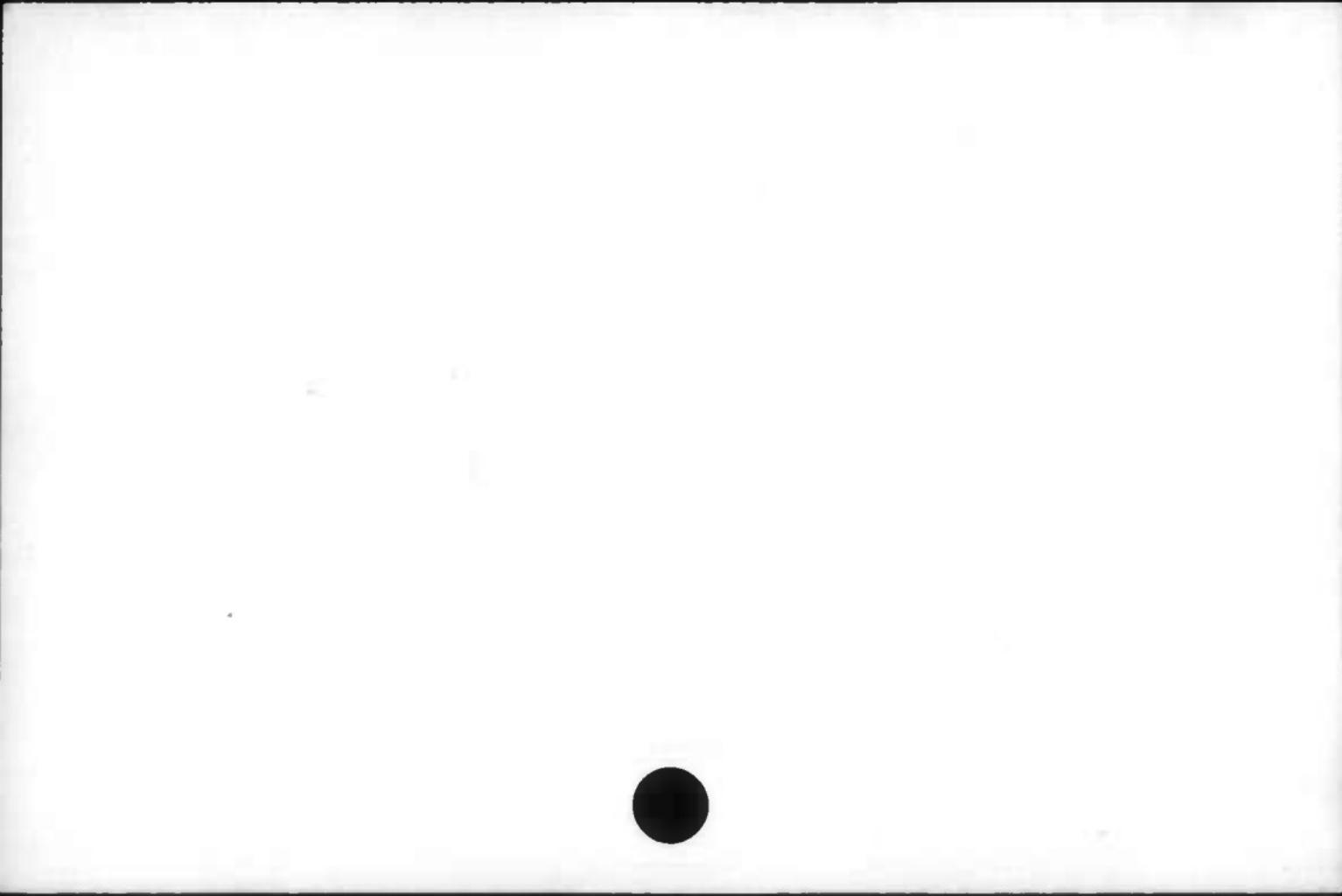
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W H Stael
Enfield M

Accident or Suicide



Name
in
Full

Otis Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Crisfield

Town

County

Somerset

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 11 2

Age

9

Sex

Male

Color or
Race

white

Birth-
place

Crisfield MD

Occupation

School

Where Reiding if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

wife

Father's
Name

Edward Ward

Father's
Birthplace

Crisfield MD

Mother's
Maiden Name

Sallie Dyer

Mother's
Birthplace

Crisfield MD

Name of person giving
Information

Pearlton

How related
to deceased

Primary

CAUSES OF DEATH

108



How long

Immediate

Obstruction of bowels
Shock from laparotomy

How long

4 years

2 hours

Are the name, age, sex, color, date
and place correctly given above?

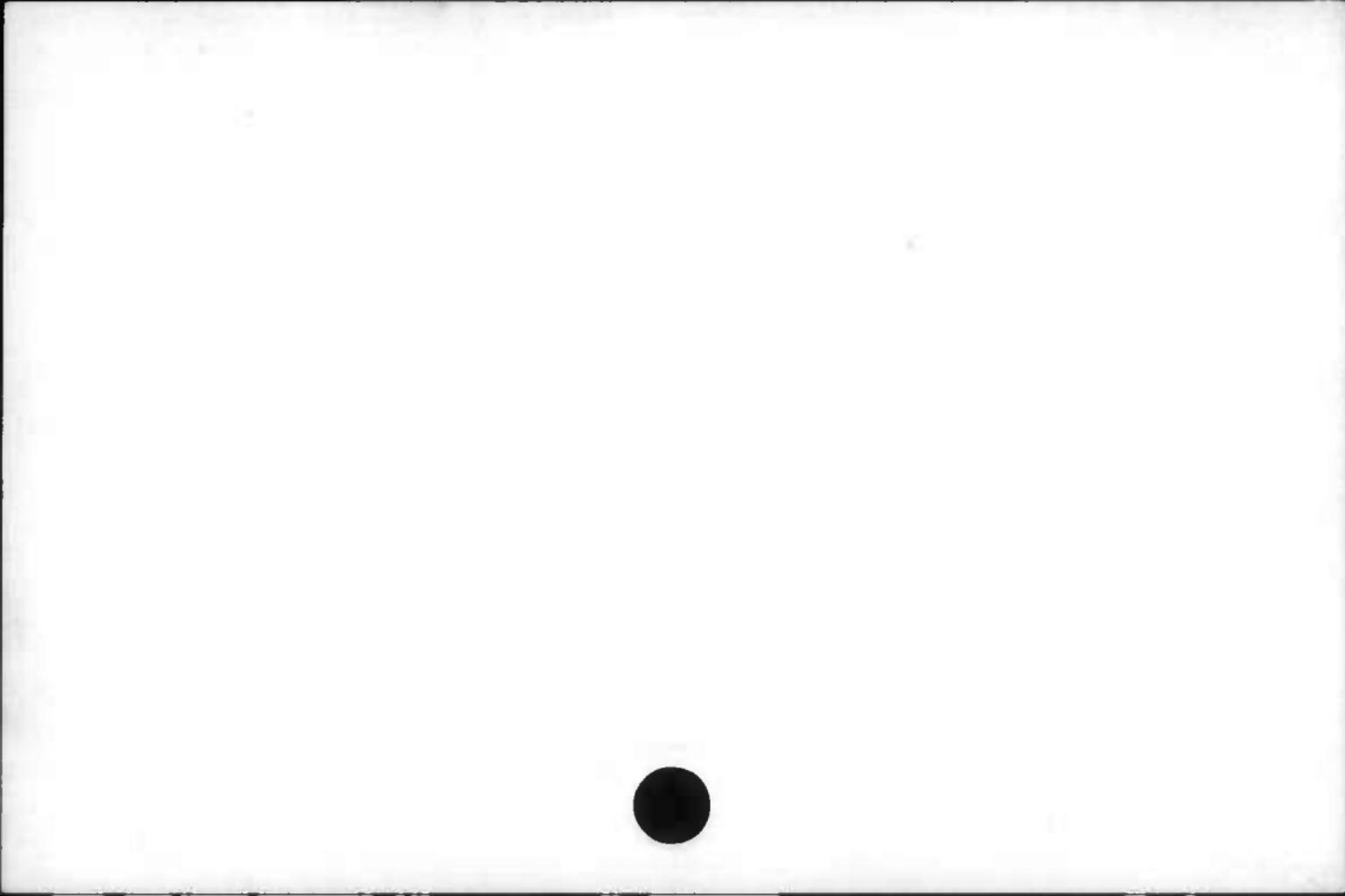
Signature of
Physician

Address

N. S. Hall
Crisfield MD

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Eva J. Webster

CERTIFICATE OF DEATH

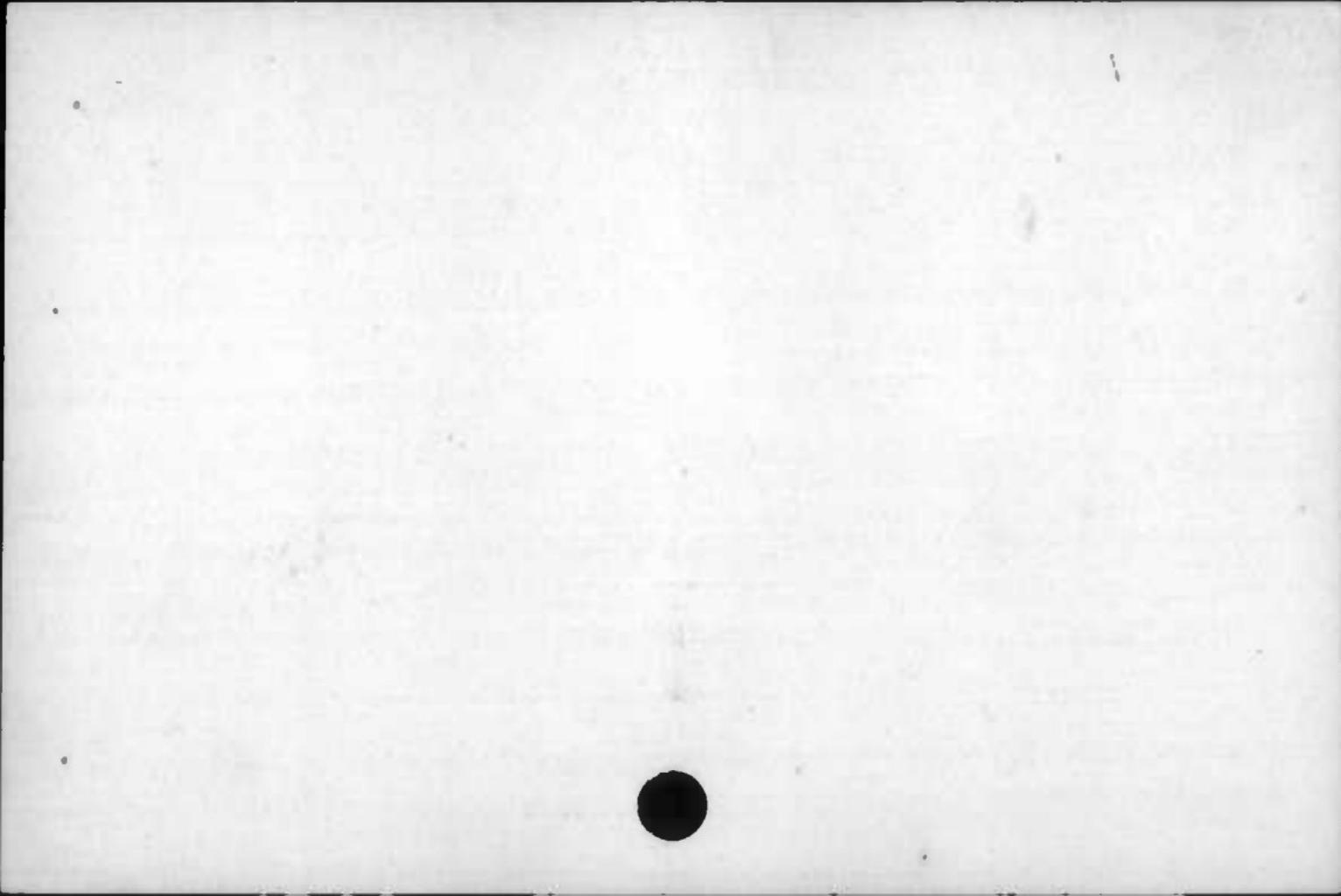
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Daniel Webster		
Father's Name	John Brown				
Mother's Maiden Name	Melissa Webster				
Name of person giving information	Daniel Webster				
CAUSES OF DEATH					
Primary	Tuberculosis				
Immediate	Asthma				
Are the name, age, sex, color, date and place correctly given above?	Yes				
Accident or Suicide?	No				
27	Handling 3 more, How long _____				

PHYSICIAN
OR CORONER

Signature of Physician

Address



Name
in
Full

Annie Maria White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Habnab Somerset Nov 26 1909 16 — — Md.

Female Colored — —

Housework

Single — —

Isaac White Md.

Bethany Smith Md.

Isaac White Bro.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	
Immediate	Asthma	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		

Mushrooms.

General days

Gust Fisher M.D.
Princess Anne, Md.



Name
in
Full

Annie Maria White

CERTIFICATE OF DEATH

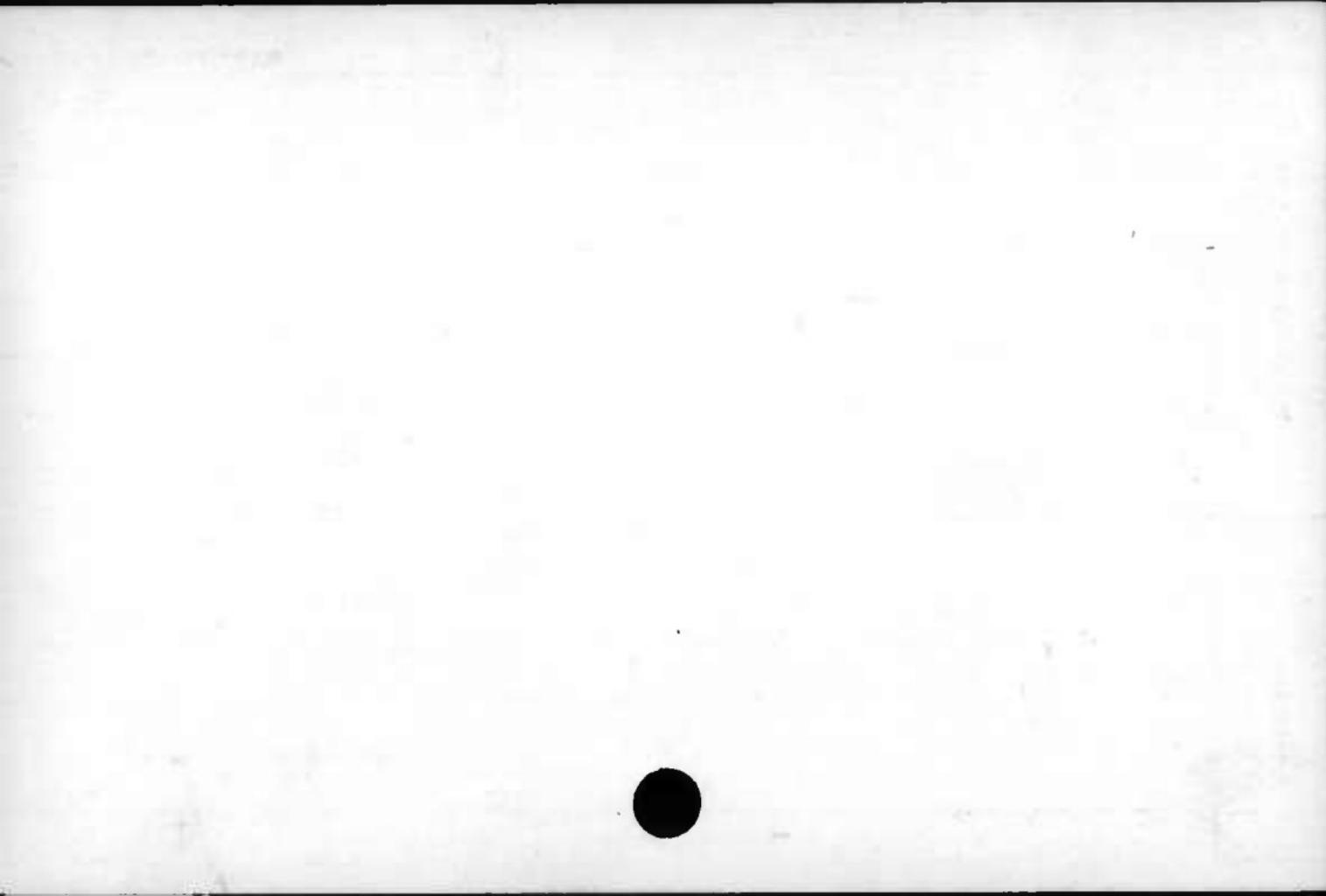
TO BE ANSWERED BY
NEAREST FRIEND

Town Habnab	County Somerset	MARYLAND	
Died at		Month November	Day 27th
Date of death	Year 1909	Age 16	Month - Days - -
Sex Female	Color or Race Colored	Birth-place Habnab Md.	
Occupation School girl	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace Md-	
Father's Name James White		Mother's Birthplace Md-	
Mother's Maiden Name Betty Smith			
Nams of person giving Information Gus White	How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long 9 months
Immediate Exhaustion from Asthma	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician Chas. J. Fisher M.D.
	Address Princess Anne Md.
Accident or Suicide No.	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary D. Alexander

CERTIFICATE OF DEATH

Town	County		MARYLAND		
Died at	Somerset Co.				
Date of death 1909	Month 11	Day 16	Age 8	Months 7	Days 28
Sex Female	Color or Race White	Birth-place Somerset Co., Md.			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Father's Name	H. D. Alexander		Mother's Birthplace		
Mother's Maiden Name	Octagon House		How related to deceased		
Name of person giving Information	O. L. Alexander				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion (perforated)

104

How long

2023 Days

Immediate

Bottle fed baby died suddenly and had not been seen for several days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. L. Alexander -
Somerset Co.

Accident or Suicide

